United Nations E/ICEF/2004/P/L.24

Economic and Social Council

Distr.: Limited
23 June 2004

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2004
13-17 September 2004
Item 10 of the provisional agenda*

Draft country programme document**

Guatemala

Summary

The Executive Director presents the draft country programme document (CPD) for Guatemala for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $3,648,000 from regular resources, subject to the availability of funds, and $18,478,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2008. This CPD is being submitted to the Executive Board at the second regular session on an exceptional basis because of a delay authorized by the Government in finalizing the 2005-2008 United Nations Development Assistance Framework and because of efforts of the United Nations funds and programmes to synchronize submission of their CPDs.

* E/ICEF/2004/12.

** In accordance with the Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

04-40113 (E) 220704

Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	6.0
U5MR (per 1,000 live births)	49
Underweight (% moderate and severe, 1998-1999)	24
Maternal mortality ratio (per 100,000 live births, 2000)	240
Primary school attendance (% net, male/female, 2000)	86/82
Primary school children reaching grade 5 (%, 1999)	75
Use of improved drinking water sources (%, 2000)	92
Adult HIV prevalence rate (%, 2001)	1.0
Child work (% children 5-14 years old)	
GNI per capita (US$)	1 750
One-year-olds immunized against DPT3 (%)	84
One-year-olds immunized against measles (%)	92

The situation of children and women

1. Democracy is under consolidation in Guatemala as the country begins to confront its historical inequalities. The principles of the Convention on the Rights of the Child were incorporated into national legislation with the July 2003 approval of the Law on Integrated Protection of Children and Adolescents (*Ley de protección integral de la niñez y adolescencia*). With mass media more sensitive to children and women's issues, public opinion has become more receptive. The new Government, elected in December 2003, has prioritized social investment in education, health, nutrition and protection in the implementation of the 1996 Peace Accords.

2. Guatemala has a young, predominantly rural (54 per cent) and diverse population, with 49 per cent under the age of 18 and 41 per cent self-declared as indigenous. The country remains at high risk for natural disasters and non-conventional emergencies, although since Hurricane Mitch, national and local authorities have displayed greater preparedness and response capacity, targeting the most vulnerable sectors of the population.

3. Classified as a middle-income country, Guatemala exhibits a highly unequal distribution of wealth and opportunities. Some 20 per cent of the population receives 64 per cent of total income, while the remaining 80 per cent benefits from only 36 per cent of that income. Nationally, 57 per cent of the population lives in poverty, but an even higher poverty incidence exists in rural areas (82 per cent) and among indigenous peoples (76 per cent). Extreme poverty rose during 2000-2002 from 16 per cent to 21 per cent, affecting an increasing number of children nationwide. It is estimated that approximately 67 per cent of the total child population aged 0-5, and 61 per cent aged 6-18, are poor, and this high prevalence creates a debilitating effect on families and encourages child labour. An estimated 507,000 children aged 7-14 (one fifth of children in this age group), are currently working, and one third of them are girls. Some 1.2 million Guatemalans out of a total population of 11.2 million now live abroad (95 per cent of them in the United States) and their remittances to the country are a major national source of income.

4. Despite a specific Peace Accord on Identity and the Rights of Indigenous Peoples, and collateral recommendations by the Committee on the Rights of the Child, the country has made very limited progress in this area, as noted by the Special Rapporteur on the Situation of Human Rights and Fundamental Freedoms of Indigenous Peoples. Legal protection of indigenous peoples remains inadequate, with limited social investment and scarce indigenous participation in politics. Indigenous girls are victims of gender, age and cultural discrimination. The majority of indigenous girls do not complete primary education but are instead employed in domestic labour or perform household work.

5. The overall institutional capacity of Guatemala's legal order remains weak, hindering full implementation of the Peace Accords. Given this year's departure of the United Nations Verification Mission in Guatemala (MINUGUA), the prospects for improvement are bleak. Despite modest progress in judicial system reforms, the country still lacks an effective policy for identifying and prosecuting human rights violators. Violent deaths during 2003 totalled 4,237 (3,631 for 2002 and 3,210 for 2001), with an average of 19 children and adolescents killed each month in the capital alone. Of the 383 females murdered in 2003, 75 were girls under the age of 18. Police data indicate that 306 of these cases were not thoroughly investigated. There is a widespread lack of trust in the justice system, due in part to a high level of impunity and corruption, but also to a lack of knowledge on how to utilize the existing mechanisms of justice. Guatemala has experienced an alarming increase in organized crime and youth violence, linked in part to illegal drug use and trafficking. Increased reporting of cases of intra-family violence contributed to revealing 5,490 cases in 2003, up from 1,287 in 2002.

6. In 2002, Guatemala processed 2,931 international child adoptions, the world's highest figure for percentage of total population placed in foreign families. In most cases, a child's adoptability can be established through a simple notarized act. While in 2002 the country acceded to The Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, the mandated changes in adoption procedures were blocked in September 2003 by a ruling of the Guatemalan Constitutional Court. As a result, traditional adoption procedures have resumed, pending legislation that can align national law with the Convention on the Rights of the Child and The Hague Convention. A lack of data and limited knowledge about the right of birth registration exacerbates the vulnerability of children to trafficking or to adoption without protection of the Convention on the Rights of the Child. Increasing migration has also contributed to fragmented family structures, with particularly dangerous consequences for children. There is growing concern over child sexual exploitation known to be linked to trafficking and migration.

7. Basic social services are insufficient and lack an integrated approach, while service access and delivery continues to be discriminatory. Social policies have limited impact on reducing social exclusion, particularly for children, adolescents and women. The State provides scant early childhood care, with services concentrated in urban areas. Guatemala has the lowest level of public health spending in Central America (0.86 per cent of GDP in 2003). In 2002, infant and under-5 mortality rates showed a slight improvement at the national level but still remained alarmingly high (44 and 59 per 1,000, respectively) and were higher still in rural areas (48 and 66 per 1,000) and among indigenous children (49 and 69 per 1,000). The under-5 mortality rate is especially associated with acute respiratory diseases and diarrhoea. Despite some modest achievements in water and sanitation,

40 per cent of rural households still lack access to drinking water and 24 per cent lack sanitation services. Knowledge of reproductive health, HIV/AIDS prevention and family planning is limited. Due to limited institutional maternity care, maternal mortality remains high, with figures three times greater for indigenous peoples. The majority of rural birth deliveries (70 per cent) are performed by midwives or family members generally ill-equipped for emergencies.

8. The increase in stunting (height-age) is particularly alarming, having risen from 46 per cent of children under five in 2000 to 49 per cent in 2002. A similar trend exists for school-aged children, with higher rates among those of indigenous origin (65 per cent) and those living in rural areas (55 per cent). An estimated 21 per cent of all children suffer from severe chronic malnutrition, with those under age three being particularly vulnerable. In rural areas, breastfed children between 6 months and 1 year of age receive only 16 per cent of needed calories, 35 per cent of proteins and 2 per cent of iron. Some 60 per cent of Guatemalan households lack sufficient income to cover costs of the basic food basket. Meanwhile, salt fortification decreased nationwide from 49 per cent in 1999 to 40 per cent in 2002, but went up to 69 per cent in 2003. The consumption of vitamin A is now lower than in previous years, mainly because increased sugar imports were distributed without fortification. These nutritional problems are associated with specific diseases and are intensified by scarce parental education and preparedness.

9. HIV/AIDS continues to spread and pose an enormous risk for the country. Between 1984 and 2003, 5,769 cases were recorded by health authorities. The rate of HIV prevalence for adults was 1.1 per cent in 2003, and the projected number of people affected by HIV/AIDS, according to UNAIDS, is now over 79,000 (a growing percentage being women). Reliable data on AIDS orphans are still not available.

10. In 2001, the net school enrolment rates were 42 per cent for pre-school, 87 per cent for primary, 30 per cent for basic secondary (grades seventh, eighth and ninth), and 17 per cent for diversified secondary. Gender discrimination, especially that affecting Mayan and rural women, continues to produce disparities, reflected in the net enrolment rates. The official net rate for indigenous children entering pre-school is 21 per cent (compared with 35 per cent non-indigenous), and 71 per cent for those entering primary school (compared with 84 per cent non-indigenous). Only 3 out of 10 enrolled students complete the third grade, and only 2 complete the sixth grade. An estimated 17 per cent of the child population aged 7-14 neither works nor studies while 418,027 adolescents aged 15-17 work. Moreover, an estimated 700,000 adolescents (500,000 in rural areas and 200,000 in urban areas) are at risk due to the lack of educational, vocational and work opportunities.

11. Highly unequal power relations in Guatemala hinder full participation. Guatemalans have limited knowledge of their rights. Children's participation is deterred by an authoritarian family structure and an education system that does little to promote tolerance, student organizing and exercising of the rights to information and expression of opinions. However, a higher level of organization among women, especially rural and indigenous women, is a result of progress in the implementation of the relevant Peace Accords.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

12. The 2002-2004 country programme focused on strengthening the awareness and fulfilment of rights at national and local levels, emphasizing actions in prioritized municipalities. This produced results in the legal framework, in public policies, and in the enhancement of institutional capacities. Knowledge of their rights among the most disadvantaged social groups also improved. Socio-economic (non-conventional) emergencies were included in national and local planning.

13. Approval of the Law on Integrated Protection of Children and Adolescents, after 12 years of impasse, established a child protection system, marking a profound change from previous legislation and clearly defining children as rights holders.

14. A high-profile dialogue in the mass media was fostered among political parties during the elections period. The initiative "Guatemala Invests in its Children and Adolescents" (*Guatemala invierte en su niñez y adolescencia*), establishing a commitment to prioritize investment in education, health, nutrition, and child protection, was embraced by the presidential candidates as well as most of the recently elected mayors and parliamentarians.

15. The programme prioritized 13 municipal governments in five departments. The elaboration of municipal plans and policies for children, adolescents and women has allowed for an increase in local social investment. Technical assistance provided to the municipal planning offices supported the fulfilment of local governments' mandates and the development of monitoring systems to identify forms of exclusion affecting children, adolescents and women. Significant progress was made towards integrated actions in health, nutrition, water and education.

16. UNICEF and the Ministry of Health developed a strategy to optimize district capacities for basic services coverage of the excluded rural population. With UNICEF support, the Ministry institutionalized a trial run in one public hospital of an envisioned national programme for preventing mother-to-child transmission of HIV where preventive actions are offered through the provision of regular blood tests and counselling to pregnant women. More than 6,500 women have agreed to be tested during the last 20 months. The Ministry also expanded immunization initiatives through the introduction of new types of vaccines and vitamin A supplementation, the latter provided by UNICEF. Adolescent-friendly spaces were created, offering integrated care in the health districts. Progress was made in nutritional monitoring through nutritional censuses of under-5 and school-aged children, helping to strengthen the capacity of the health districts for detecting acute malnutrition. Monitoring mechanisms for fortified food and micronutrients were improved. Exclusive breastfeeding was also encouraged. In the area of water and sanitation, the basic model of rural intervention through municipal plans was systematized through a participatory process. School retention in rural and indigenous areas improved through the large-scale implementation of the pre-school model (*De la Mano, Edúcame*) and the intercultural bilingual model (*Nueva Escuela Unitaria Bilingüe*, or NEUBI), featuring an active methodology that promotes parental and community participation, and through the nationwide introduction of the active-school approach into primary school curricula.

17. Additional Child Protection Municipal Boards were established as a decentralized mechanism for strengthening protection, extending coverage to 136 of the 331 municipalities through the involvement of communities. Probation,

community service and other alternatives to juvenile detention were also supported. Specialized training of judges helped promote implementation of new legislation concerning children and adolescents.

18. Decentralization and social auditing offered a favourable context for increased women's empowerment. Greater leadership capacity, especially among rural women, was developed through their participation in the national system of development councils. Additional empowerment came with the creation of friendly spaces for adolescents. Support for youth leadership helped promote adolescent rights, including access to services.

19. A strategy was developed for coping with nutritional emergencies and a municipal methodology created to identify children's vulnerability and risk. The establishment of public- and private-sector alliances helped provide care during the nutritional emergency arising from the economic crisis in the coffee sector. A new type of alternative complementary food for children 6-36 months old was developed with the private sector.

Lessons learned

20. The 2002-2006 programme initiated a gradual transformation from a service-delivery to a rights-based approach. Increased demand for the development of public policies, institution-strengthening and social mobilization for the defence and exercise of rights will require from UNICEF a higher level of advocacy and technical assistance.

21. The legal framework does not yet fully comply with the Convention on the Rights of the Child. Enhanced technical assistance is needed to reach a social consensus that will allow for: (a) strengthening the legislative agenda; (b) supporting government efforts in the implementation and institutionalization of laws and administrative regulations; and (c) encouraging widespread participation of civil society in creating laws and mechanisms for monitoring implementation.

22. Early childhood development and adolescent care were previously addressed through isolated interventions. The new programme will prioritize an integrated approach, especially through municipal frameworks articulating the roles of authorities, local services, communities, and families.

23. Despite social and cultural obstacles, organized women's participation at the national and local levels has proven effective in the channelling, management and social auditing of services.

24. Child and adolescent participation has not yet developed to a sustainable level. However, the student governments and adolescent-friendly spaces deserve to be expanded, favouring the continued development of cultural initiatives.

25. Bilingual education (NEUBI) has favourably impacted upon school retention for indigenous girls and warrants further expansion. The national scholarship programme will be better managed by municipal governments, with priority given to girls' education.

The country programme (2005-2008)

Summary budget table

Programme	*(In thousands of United States dollars)* *Regular resources*	*Other resources*	*Total*
Public policies and institutional capacity-building	1 148	6 010	7 158
State of law, participation and peace culture	1 130	11 668	12 798
Cross-sectoral costs	1 370	800	2 170
Total	**3 648**	**18 478**	**22 126**

Preparation process

26. In order to synchronize its cycle with that of other United Nations agencies in the country, UNICEF is ending its 2002-2006 programme of cooperation in 2004. A mid-term review was conducted in 2003, including a consultative process with partners and counterparts.

27. The concluding observations of the Committee on the Rights of the Child on the second periodic report of Guatemala were analysed and taken into account for the design of the new country programme, prioritizing elements such as violence, early childhood, bilingual/intercultural education, knowledge of rights, adolescent health and strengthening of the family environment.

28. The new programme is based on the Common Country Assessment (CCA), national government priorities, including the Peace Accords, the Millennium Development Goals, and the United Nations Development Assistance Framework (UNDAF). All United Nations agencies, funds and programmes in Guatemala have participated in the preparatory process, which included extensive consultations with government officials and civil society organizations, opinion surveys and analysis of focal group discussions. The UNDAF has defined expected outcomes for each identified problem as a basis for harmonized cooperation.

Goals, key results and strategies

29. The long-term goal is to ensure the fulfilment of the rights of all children, adolescents and women in a more equal society, free of discrimination.

30. The country programme seeks, in coordination with governmental and non-governmental counterparts, United Nations organizations and donors, to ensure that vulnerable and at-risk children, adolescents and women: (a) are given priority in national and local social, economic and fiscal policies; (b) have access to effective mechanisms to prevent, sanction and eradicate all forms of discrimination; (c) benefit from a strengthened protective environment where their rights are guaranteed by a national child protection system emphasising improved family competencies; (d) are assured access to good-quality, integrated basic services that are socially, culturally and environmentally appropriate, especially for rural dwellers and those of indigenous origin; and (e) participate in national and local decision-making processes within a context of reconciliation and a culture of peace, with special consideration given to indigenous peoples.

31. Achieving these key results will depend on the following strategies: (a) advocating for a strengthened legal framework in compliance with all in-force

international conventions; (b) providing technical assistance, and advocating for, a national commitment and mobilization process for public policies and increased investment for children, including work with mayors on expanding the integrated approach developed in pilot municipalities; (c) strengthening national and local institutional capacities to implement the child protection system, provision of services and emergency response mechanisms; and (d) enhancing public knowledge about the rights of children and women, promoting participation and monitoring rights fulfilment.

Relationship to national priorities and the UNDAF

32. The country programme responds to national priorities in compliance with the Peace Accords and the UNDAF through emphasis on: (a) making children and their families a priority in macro-economic and social investment policies, especially in the reduction of extreme poverty and stunting malnutrition among children; (b) better access to quality, integrated basic services and universal primary education; (c) promoting the participation, freedom of expression and social auditing capacity of children, adolescents and women in decision-making processes; (d) developing effective mechanisms of prevention, sanction, and eradication of all forms of exploitation and violence affecting children, adolescents and women at risk; and (e) fostering full observance of human rights by reducing discrimination against children, adolescents and women in accordance with the Peace Accords.

Relationship to international priorities

33. Taking into account human rights treaties, the Millennium Development Goals, the medium-term strategic plan, *A World Fit for Children* and the Recommendations of the Committees on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the country programme incorporates states priorities in its results-based programming and the integrated Monitoring and Evaluation Plan, emphasizing: (a) strengthening policies and strategies to reduce stunting malnutrition among children, especially those under five; (b) achieving universal quality primary education for all, especially for indigenous and rural children; (c) prioritizing girls by promoting life skills, a higher level of education and protection against violence and discrimination; (d) reducing child mortality, increasing health coverage, integrated early childhood development and expanded immunization; (e) halting the spread of HIV/AIDS and mother-to-child transmission of HIV by guaranteeing access to good-quality services for pregnant women and HIV/AIDS-affected children and by enhancing educational efforts among adolescents; and (f) progressively eliminating child labour, sexual exploitation, trafficking and smuggling, abuse and other forms of violence and discrimination as well as developing initiatives for adolescents at risk.

Programme components

34. **Public policies and the strengthening of institutional capacities.** This programme embraces the socio-economic, institutional, fiscal and normative aspects of the responsibilities of duty bearers. It responds to two critical shortcomings identified by the CCA/UNDAF: concentration of wealth and opportunities and limited access to basic services and social protection. Its twin cooperation components are as follows:

35. ***Integrated social policies.*** The main objective is to support national and municipal government institutions to develop and implement public policies aimed at: (a) strengthening government bodies responsible for public policies; (b) promoting sustainability of national and decentralized social investment; (c) developing tools for greater transparency and equity in allocating public resources to the social sector; and (d) promoting civil society's participation in the design, implementation and monitoring of the impact of social policies and expenditures.

36. ***Integrated care for survival and development.*** The main objective is to support national and local government and non-government bodies to provide adequate conditions for the survival and development of the most at-risk children, adolescents and women. Special emphasis will be placed on guaranteeing the quality of integrated services in health and nutrition for children, adolescents and pregnant and breastfeeding women, as well as ensuring better sanitary conditions for vulnerable groups. Health care actions will aim to: (a) increase coverage of maternal and child health towards the goal of universal access to quality health services; (b) strengthen integrated early childhood interventions and link them with education programmes; (c) expand preventive health and immunization 'plus' programmes; (d) promote and/or strengthen measures to prevent mother-to-child transmission of HIV/AIDS; and (e) promote integrated adolescent health, including HIV/AIDS prevention. The nutrition actions will focus on prevention of stunting malnutrition among children under five years old and of micronutrient deficiencies by: (a) strengthening nutritional monitoring capacity and developing preventive systems in municipalities to detect food insecurity; (b) encouraging breastfeeding for children under six months of age and food supplementation for those between six months and three years of age; (c) developing monitoring systems for detection of iron, vitamin A, and folic acid deficiencies; (d) providing vitamin A supplements to children aged 6-36 months; and (e) implementing family educational programmes on eating habits and nutrition. In water and sanitation, specific interventions will be developed for outlying rural areas, aiming to increase the quality and supply of drinking water as well as to preserve the environment.

37. **State of law and culture of peace.** This programme incorporates the key legal, cultural, and educational aspects required to promote the fulfilment of the rights of children, adolescents and women. It responds to three CCA/UNDAF priority areas: weak state of law, social and cultural discrimination, and inequity in the distribution of power. The programme has three cooperation components.

38. ***Protection of children, adolescents and women.*** This aims to create a protective and supportive environment for children and women by strengthening national and municipal child protection systems in accordance with the Convention on the Rights of the Child and the Law on Integrated Protection of Children and Adolescents. This involves efforts to: (a) reinforce the institutional capacity of the national and decentralized levels of the protection system; (b) advocate reform of the national legal framework in compliance with international instruments; (c) develop integrated initiatives for adolescents at risk; and (d) progressively eliminate child labour, sexual exploitation, and trafficking and smuggling of children, adolescents and women.

39. ***Education, peace and interculturalism.*** The main objective is to guarantee the right to quality education for all by strengthening and expanding appropriate educational strategies while eliminating obstacles and discrimination. Efforts will

support fulfilment of the 2005 gender disparity elimination commitment and the 2015 goal of universal primary access, retention and completion for children and adolescents in culturally relevant educational services of good quality. The main actions include: (a) developing strategies for achieving universal primary education; (b) promoting effective school scholarship programmes managed by municipal governments; (c) expanding use of non-formal pre-school education models taking an integrated approach that includes family and community participation and is linked to health; (d) strengthening the implementation of national primary bilingual/intercultural education policies, emphasizing rural and indigenous girls; (e) designing and implementing flexible curricula for out-of-school adolescents and secondary education; (f) promoting a culture of peace and democracy through the participation of student governments, adolescent leaders, parents, and community members; and (g) incorporating education for peace in the curricula.

40. ***Communication and participation for a culture of rights.*** This strives to develop a culture of respect for human rights and the appropriate participation to fulfil them. Interventions will aim to: (a) monitor the media and train social communicators to ensure an adequate coverage of issues related to children, adolescents and women; (b) promote new spaces and opportunities for the expression of views and for participation, prioritizing adolescents and women; (c) raise awareness and mobilize different social groups (private sector, academic, political, religious); and (d) encourage the enhancement of capacity, as well as the participation, of children, adolescents and women in family, community and social contexts to enhance the impact these groups can make on decision-making processes and social auditing.

41. **Cross-sectoral costs.** Cross-sectoral costs are intended to cover programme implementation expenditures not attributable to individual programmes but clearly linked to their delivery. They consist mainly of salaries for staff associated with supplies, information technology, communications, and monitoring and evaluation activities, as well as operational costs necessary for smooth programme implementation, monitoring, and coordination.

42. **Cross-cutting issues.** These include: (a) a life-cycle approach differentiating while linking the three developmental stages of childhood; (b) gender equity; (c) interculturalism; and (d) emergency preparedness and response that incorporates a rights-based approach prioritizing at-risk and/or affected populations within all national agencies. The cooperation programme at the country office level will ensure the required flexibility for responding to emergencies. All programme components will emphasize strengthening the family as the main protective and supportive environment for child development.

Major partnerships

43. The major actors in programme implementation will be national and local government institutions. Partners will also include actors from the private sector, civic associations, rural and indigenous movements, faith-based groups, and non-governmental organizations. Special attention will be given to networks and organizations of adolescents and women as well as to the increased involvement of the mass media.

organizations of adolescents and women as well as to the increased involvement of the mass media.

44. The programme will draw on the specialized expertise of United Nations agencies, funds and programmes participating in the UNDAF, who will cooperate mainly through the thematic inter-agency groups envisaged in the UNDAF. With reference to specific issues, the country programme will coordinate: (a) public policies with the United Nations Development Programme (UNDP) and the Food and Agriculture Organization of the United Nations (FAO); (b) health and water and sanitation with the Pan American Health Organization (PAHO) and the United Nations Population Fund (UNFPA); (c) nutrition with the World Food Programme (WFP), FAO and PAHO; (d) bilingual and intercultural education with the United Nations Educational, Scientific and Cultural Organization (UNESCO); (e) child protection with UNDP, the International Labour Organization (ILO)/International Programme on the Elimination of Child Labour, the Office of the High Commissioner for Human Rights, the International Organization for Migration and UNESCO; and (f) HIV/AIDS with the Joint United Nations Programme on HIV/AIDS, UNDP, PAHO, UNFPA and UNESCO.

Monitoring, evaluation and programme management

45. The Presidential Secretariat for Planning and Programming (*Secretaría de planificación y programación de la Presidencia*, or SEGEPLAN) is the government institution responsible for coordinating with the country programme. An inter-sectoral mechanism for monitoring and coordination of the programme, including SEGEPLAN, UNICEF and other partners, will be established. The United Nations system, non-governmental organizations and donors will participate in monitoring. Annual plans of action will be prepared jointly by relevant partners and UNICEF.

46. An Integrated Monitoring and Evaluation Plan will be elaborated. Monitoring will be elaborated, facilitated by regular field visits and targeted surveys. The Government and UNICEF will conduct an annual joint review of all country programme components. A mid-term review will be carried out in the third year of the programme, and a final evaluation in the fourth year.

United Nations E/ICEF/2004/P/L.25

Economic and Social Council

Distr.: Limited
8 July 2004

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2004
13-17 September 2004
Item 10 of the provisional agenda*

Recommendation for approval of additional regular resources for approved country programmes

Summary

The estimated funding target and financial plan contained in the medium-term strategic plan (MTSP) for the period 2002-2005 (E/ICEF/2001/13 and Corr.1) was approved by the Executive Board at its second regular session of 2001 (E/ICEF/2001/6, and decision 2001/22). Planning levels for regular resources for country programmes are established on the basis of the approved MTSP, taking into account the latest projections of income and expenditure.

The regular resources indicative planning levels for 2004-2006 have been computed using the modified regular resources allocation system described in document E/ICEF/1997/P/L.17 and Corr.1 and approved by the Executive Board at its 1997 annual session (E/ICEF/1997/12/Rev.1, decision 1997/18). As a result of the application of the modified system and the estimated global levels of regular resources available for programmes in 2004, the level of regular resources planned for six countries whose programme cycles end in 2004 is higher than the balance of approved regular resources available to these countries.

The Executive Director *recommends* that the Executive Board approve allocations of additional regular resources in the total amount of $685,234 to fund the approved country programmes of six countries (Kazakhstan, Kyrgyzstan, Madagascar, the Philippines, Tajikistan and Uzbekistan) for 2004, whose regular resources planning levels, based on the modified allocation system and estimated global levels of programmable regular resources, are higher than the balance of approved funds for these countries.

* E/ICEF/2004/12.

04-42143 (E) 020804

I. Introduction

1. The regular resources planning levels for six countries whose programme cycles end in 2004 are higher than the balances of approved regular resources, as a result of the application of the modified system for allocation of regular resources and revised projections of global levels of regular resources available for allocation to country programmes in 2004. The table below sets out the balance of approved regular resources available to these countries, and the additional amount of regular resources for which approval is needed to reach the planning level.

Regular resources, 2004

(In United States dollars)

Region/Country	*Balance of approved RR 2004 (A)*	*RR planning level 2004 (B)*	*Amount to be approved (B-A)*
Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States			
Kazakhstan	978 000	984 000	6 000
Kyrgyzstan	922 000	927 000	5 000
Tajikistan	1 264 766	1 281 000	16 234
Uzbekistan	1 841 000	1 852 000	11 000
Subtotal	**5 005 766**	**5 044 000**	**38 234**
East Asia and the Pacific			
Philippines	2 098 000	2 214 000	116 000
Subtotal	**2 098 000**	**2 214 000**	**116 000**
Eastern and Southern Africa			
Madagascar	4 099 000	4 630 000	531 000
Subtotal	**4 099 000**	**4 630 000**	**531 000**
Total	**11 202 766**	**11 888 000**	**685 234**

II. Recommendation for additional regular resources

A. Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States

The Central Asian republics and Kazakhstan

2. The country programmes for the Central Asian republics and Kazakhstan, covering the period 2000-2004 (E/ICEF/1999/P/L.15/Add.1), were approved by the Executive Board at its second regular session of 1999 with an allocation of $26,976,000 in regular resources (E/ICEF/1999/7/Rev.1, decision 1999/13). From the total regular resources allocation, Kazakhstan was allocated $4,500,000;

Kyrgyzstan, $4,038,000; Tajikistan, $6,080,000; Turkmenistan, $4,288,000; and Uzbekistan, $8,070,000.

3. The Central Asian republics and Kazakhstan share the following area-wide goals: (a) to support accessibility and efficiency of basic social services for children and women, including the development of innovative policies and cost-effective approaches; (b) to develop further and implement a rights-based, integrated approach to the survival and development of children and adolescents; (c) to empower families and social-sector professionals to act more effectively in support of child health, development, protection and participation by enhancing responsibility, knowledge and initiative; and (d) to support civil society development and capacity-building of national non-governmental organizations and institutions for children and women.

4. The increased planning level for 2004 provides the **Kazakhstan** programme with an additional $6,000 from regular resources, for which approval is sought. These funds will be divided among the three programmes that make up the country programme. The programme for mother and child survival, development and protection will receive $2,000 to support the Government in the development of advocacy and communication strategies and packages on better parenting as an integral part of early childhood development. The child enrichment programme will receive $2,000 to provide technical support to the Government in setting up the social work system through the revision of the university curriculum on the training of social workers. The remaining $2,000 will support the young people's well-being programme through the scaling-up of the "youth-friendly" services pilot project to national level.

5. The increased planning level for 2004 provides the **Kyrgyzstan** programme with an additional $5,000 from regular resources, for which approval is sought. The mother and child survival, development and protection programme will be allocated an additional $2,000 to cover the costs of continued research and advocacy on iodine deficiency disorders. An additional $2,000 will be allocated to the child enrichment programme to review child protection reform which has been initiated by the Government. The young people's well-being programme will be allocated the remaining $1,000 to support a legislative and administrative framework on juvenile justice and restorative justice.

6. The increased planning level for 2004 provides the **Tajikistan** programme with an additional $16,234 from regular resources, for which approval is sought. The additional funds will be divided among the three programmes. The mother and child survival and protection programme will receive an additional $8,000 to develop and disseminate information and communication materials for parents on childcare practices. An additional $4,000 will be allocated to the child enrichment programme for advocacy on "child-friendly" schools. The young people's well-being programme will receive $4,234 for support to the centre for psychosocial care of disadvantaged children.

7. The increased planning level for 2004 provides the **Uzbekistan** programme with an additional $11,000 from regular resources, for which approval is sought. The child enrichment programme will be allocated an additional $6,000 to support the evaluation and documentation of the first phase of the global education initiative. Under the young people's well-being programme, $5,000 will be used to support the establishment of "youth-friendly" centres.

B. East Asia and the Pacific

The Philippines

8. The short duration country programme for the Philippines, covering the period 2004 (E/ICEF/2003/P/L.11), was presented to the Executive Board at its annual session of 2003 with an allocation of $2,098,000 in regular resources (E/ICEF/2003/9/Rev.1, decision 2003/6). The increased planning level for 2004 provides the programme with an additional $116,000 from regular resources, for which approval is sought.

9. The overall goals of the country programme are to support the Government to: (a) progressively implement the Convention on the Rights of the Child through strengthening the capacity of local government units to manage basic services; and (b) enhance the full participation of civil society to support families to raise, nurture and protect children. Government goals for children to which the programme will contribute include reducing the infant, under-five and maternal mortality rates; reducing malnutrition; improving the quality of education; and addressing the issue of children in need of protection.

10. The additional resources will be divided among five programmes. The health and nutrition programme will receive $30,000 to enhance the quality of services through capacity-building of front-line workers on maternal and childcare. An additional $10,000 will be used by the child protection programme to expand the existing services for bio-psychosocial help and case management through the training of field social workers and other caregivers. The local policy and institutional development programme will receive an additional $18,000 to support advocacy and the sharing of experiences among the local government units. The education programme will use the additional $38,000 to support schools in assessing problems and identifying appropriate strategies, and work to eliminate factors that hinder girls' participation in education. The communication programme will receive an additional $20,000 to train media practitioners and encourage the development of high-quality products, with the participation of children and youth.

C. Eastern and Southern Africa

Madagascar

11. The short duration country programme for Madagascar, covering the period 2004 (E/ICEF/2003/P/L.3), was presented to the Executive Board at its annual session of 2003 with an allocation of $4,099,000 in regular resources (E/ICEF/2003/9/Rev.1, decision 2003/6). The increased planning level for 2004 provides the programme with an additional $531,000 from regular resources, for which approval is sought.

12. The country programme aims at achieving the following goals: (a) to improve the survival of women and children; (b) to promote the integrated development of children and their preparation for adulthood; (c) to promote the participation of women and children; and (d) to protect children, particularly those who are vulnerable in the community.

13. The additional resources will be divided among the programmes. The health programme will receive an additional $88,000 to support the Government in the

development of a sector-wide national policy and plan. An additional $40,000 will be used to contribute to a survey on HIV/AIDS prevalence rates. The education programme will receive an additional $97,000 to continue the support to improving school enrolment and attendance and the quality of basic education. Birth registration is an important issue in Madagascar, where an estimated 2.5 million children have not been registered at birth. An additional $169,000 will be used to launch a national campaign aimed at securing birth registration. The remaining $137,000 will support programme communication tools and methodologies, particularly in the areas of vaccination campaigns and the HIV/AIDS programme.

United Nations E/ICEF/2004/P/L.26

Economic and Social Council

Distr.: Limited
12 July 2004

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2004
13-17 September 2004
Item 10 of the provisional agenda*

Recommendation to increase the other resources ceiling for approved country programmes

Summary

The present report contains recommendations to increase the other resources ceiling for country programmes previously approved by the Executive Board, because the contributions to other resources for the country programmes have exceeded the planning levels originally approved by the Board.

The Executive Director *recommends* that the Executive Board approve a total of $30,200,000 in other resources for the approved country programmes for Cambodia, the Dominican Republic and Sri Lanka for the remaining periods of the approved country programmes, subject to the availability of specific-purpose contributions.

Dominican Republic

1. The country programme for the Dominican Republic for the period 2002-2006 (E/ICEF/2001/P/L.24/Add.1) was approved by the Executive Board at the first regular session of 2001 (decision 2001/14, E/ICEF/2001/6) with an other resources ceiling of $5,000,000. The goal of the country programme is to promote the rights of children and adolescents in the Dominican Republic through the development of national capacities to formulate and apply equitable and sustainable policies, while at the same time creating an enabling environment for the participation and empowerment of families, communities and organized groups at the local level in the exercise of and demand for these rights. The objectives are to: (a) support the achievement of the unmet goals of the World Summit for Children; (b) contribute to structural reform of the National Protection System for Children and Adolescents;

* E/ICEF/2004/12

04-42432 (E) 030804

(c) support new and existing social mobilization mechanisms for the demand of rights; (d) support increased availability, reliability and use of essential data on children and adolescents for planning, programming and monitoring; and (e) contribute to inter-agency emergency preparedness efforts.

2. To date, the country programme has received just under $9,900,000 in other resources, of which $6,382,600 has been contributed by the Government of Japan for the introduction of the new pentavalent vaccine (combining diphtheria, pertussis, tetanus, hepatitis B and *haemophilus influenzae* vaccines). Other actions being supported include the prevention of sexual and commercial exploitation of children; the "child-friendly" municipalities initiative; the participation of civil society, young people and adolescents; prevention of mother-to-child transmission of HIV; HIV prevention among adolescents; legislative reform; and an initiative on the right to have a name and nationality.

3. It is anticipated that an additional $3,500,000 in other resources will be received in 2004-2006 for allocation to HIV/AIDS interventions; micronutrients; early childhood education and development; prevention of sexual and commercial exploitation of children and adolescents; strengthening and expanding the "child-friendly" municipalities initiative; rights-based planning and policy analysis; and cross-sectoral costs.

4. Therefore, the Executive Director *recommends* that the Executive Board approve an increase of $8,400,000 in the other resources ceiling for the approved country programme for the Dominican Republic for 2002-2006, for a total other resources ceiling of $13,400,000 for the period of the country programme.

Cambodia

5. The country programme for Cambodia for the period 2001-2005 (E/ICEF/2000/P/L.9/Add.1) was approved by the Executive Board at the second regular session of 2000 (decision 2000/12, E/ICEF/2000/8/Rev.1) with an other resources ceiling of $52,200,000. The programme aims to protect, promote and fulfil the rights of Cambodian children by pursuing a set of interrelated goals addressing critical stages of the life cycle of the child, namely: (a) mothers have safe pregnancies and deliveries and healthy newborns; (b) infants are given the best possible start in life to survive, grow and fully develop in a safe, nurturing and caring environment; (c) school-age children are protected and exert their right to education in a friendly and stimulating learning environment; and (d) young people and adolescents acquire life skills, express their views and lead meaningful and secure lives.

6. The relevance and importance of these goals were reconfirmed by the mid-term review, held in October 2003, which noted numerous positive developments in the lives of children and women in Cambodia during the first half of the current programme cycle. These included the substantial reduction in child deaths due to measles; improved access to primary education with a narrowing gender gap; increased awareness and action on such major child protection issues as trafficking and sexual exploitation of children; and prevention of HIV/AIDS. At the same time, it reiterated the need to accelerate progress in a number of areas, such as reducing the persistently high infant, child and maternal mortality rates and malnutrition rates; progress towards the achievement of universal salt iodization; reduction of drop-out rates in primary education and improvement in the quality of education;

strengthening the law enforcement and legal protection of children; and addressing the growing needs of care for children affected by HIV/AIDS.

7. To date, the country programme has received approximately $54,770,000 in other resources. These funds have been utilized and/or allocated for six programmes that constitute the country programme, i.e., *Seth Koma* (community action for child rights); health and nutrition; expanded basic education; children in need of special protection; HIV/AIDS prevention and care; and advocacy and social mobilization. It is anticipated that $9,230,000 in other resources will be required for the last two years of the country programme cycle, 2004 and 2005. These additional funds are needed primarily to accelerate the progress in the above-mentioned programme areas.

8. Therefore, the Executive Director *recommends* that the Executive Board approve an increase of $11,800,000 in the other resources ceiling for the approved country programme for Cambodia for 2001-2005, for a total other resources ceiling of $64,000,000 for the period of the country programme.

Sri Lanka

9. The country programme for Sri Lanka for the period 2002-2006 (E/ICEF/2001/P/L.40/Add.1) was approved by the Executive Board at the second regular session of 2001 (decision 2001/13, E/ICEF/2001/6) with an other resources ceiling of $10,000,000.The goal of the country programme is to support the progressive realization of children's and women's rights through a caring and enabling social and physical environment. The objectives are to promote: (a) the protection of the rights of children and women affected by armed conflict and other especially vulnerable situations; (b) improved growth and development in early childhood; (c) increased rates of school attendance and learning achievement in middle childhood; (d) improved skills, coping capacities and participation of adolescents; and (e) an environment of "child-friendly" policies and attitudes at all levels.

10. To date, the country programme has received $9,969,880 in other resources. These funds have been used for early childhood care, immunization, response to a flood emergency, child protection, the "child-friendly" schools initiative, area-based programmes, emergency obstetric care and programme support.

11. It is anticipated that an estimated additional $9,000,000 in other resources will be received in 2004-2006 for allocation to programmes for children affected by armed conflict; early childhood learning; adolescence; protection of children and women; rights-based planning, policy analysis, advocacy, communication, and monitoring and evaluation; and cross-sectoral costs. These funds will support efforts to realize children's and women's rights, particularly in reducing disparities caused by conflict.

12. Therefore, the Executive Director *recommends* that the Executive Board approve an increase of $10,000,000 in the other resources ceiling for the approved country programme for Sri Lanka for 2002-2006, for a total other resources ceiling of $20,000,000 for the period of the country programme.

Recommended additional other resources

(In thousands of United States dollars)

Country programme	*Programme cycle*	*Approved OR ceiling*	*Additional OR to be approved*	*Total OR ceiling*
Dominican Republic	2002-2006	5 000	8 400	13 400
Cambodia	2001-2005	52 200	11 800	64 000
Sri Lanka	2002-2006	10 000	10 000	20 000
Total		**67 200**	**30 200**	**97 400**

United Nations E/ICEF/2004/P/L.27

Economic and Social Council

Distr.: Limited
16 July 2004

Original: English

For information

United Nations Children's Fund
Executive Board
Second regular session 2004
13-17 September 2004
Item 9 of the provisional agenda*

Summary of mid-term reviews and major evaluations of country programmes

Eastern and Southern Africa region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in this report were conducted during 2003, with some finalized in early 2004.

Introduction

1. In 2003, UNICEF had programmes in 21 countries and in southern Sudan, in Eastern and Southern Africa. Of these, Namibia, Rwanda, Swaziland and Uganda conducted mid-term reviews (MTRs). These MTRs assessed progress and results compared with baselines and objectives in country notes and master plans of operations (MPOs); in Namibia, a joint United Nations Review was conducted. The MTRs also provided an update on the situation of children and women in each country. The MTR reports describe agreements with counterparts and other partners on adjustments to programme objectives and strategies.

* E/ICEF/2004/12.

04-42974 (E) 090804

2. A total of 200 studies, reviews, assessments and evaluations were carried out by country offices in 2003, covering all priorities of the medium-term strategic plan (MTSP). One or two high-quality examples from each MTSP area were selected for inclusion in this report. These are from Madagascar (early childhood development (ECD) and immunization), Malawi and Zambia (fighting HIV/AIDS), United Republic of Tanzania (girls' education), and Southern Africa (protection).

Mid-term reviews

Namibia

3. **Introduction.** The Namibia-UNICEF country programme of cooperation 2002-2005 is harmonized with the cycles of other United Nations agencies. In late 2003, each agency undertook an MTR with government and non-governmental organization (NGO) counterparts. This was followed by a joint mid-term review of the United Nations Development Assistance Framework (UNDAF) in early 2004.

4. The Government of Namibia-UNICEF review included 11 studies and evaluations, an updated situation analysis, an assessment of progress in each MTSP area, and programme reviews with counterparts. The MTR meeting, chaired by the National Planning Commission, approved recommendations from the programme reviews, and made recommendations for the joint UNDAF review. After assessing data in a new joint database of indicators, the UNDAF theme groups drew conclusions on major achievements and lesson learned and made recommendations for the remaining UNDAF cycle and the next. There were strong linkages with the concurrent mid-term reviews of the Second National Development Plan and the National Poverty Reduction Action Plan.

5. **The situation of children and women.** Despite impressive gains in extending social services and improving the policy environment, the steady increase in HIV prevalence is reversing post-Independence advancements. Roughly 150,000-180,000 people out of a total population of 1.8 million are HIV positive. AIDS is a factor in about 40 per cent of under-five deaths. The infant mortality rate (IMR) is currently 52 per 1,000 live births, but is projected to increase to 72 per 1,000 by 2010. The maternal mortality ratio (MMR) rose from 225 to 271 deaths per 100,000 live births between 1992 and 2000. One in seven children under age 15 is an orphan. Around 10 to 20 per cent of workers in the social sector are expected to die within the next five years. Around 39 per cent of 19-year-old females are mothers or are pregnant. The incidence of child-headed households, children living on the street, domestic violence, child abuse and rape is rising.

6. Namibia is a "middle-income" country, but has one of the highest levels of gross inequality (Gini coefficient of 0.70). A large majority of the population lives in poverty. Malnutrition among children remains a major problem (31 per cent stunted, 30 per cent underweight). Namibia's recurrent droughts and periodic floods contribute to poverty, food insecurity, and malnutrition. The effects of the HIV/AIDS epidemic reinforce these problems, putting large numbers of families in a downward spiral that defies their traditional coping mechanisms, and increases pressure on social service provision.

7. Other current concerns are the stagnation in immunization coverage, outbreaks of measles, low (26 per cent) rate of exclusive breastfeeding, lack of growth

monitoring, low (7 per cent) usage of insecticide-treated nets (ITNs), and high rates of death from neonatal causes and from preventable and treatable diseases. ECD is not reflected in national plans, and few community or health workers are trained.

8. At 86 per cent, primary school enrolment is relatively high, and 94 per cent of students enrolled attend for five years. Secondary school enrolment is much lower, with only 43 per cent of children aged 14-18 enrolled. Certain population groups have much lower primary and secondary enrolment rates.

9. **Progress and key results.** The first country programme objective is to strengthen caregivers' capacities and improve the nutritional status of children, reduce their morbidity and improve their learning achievement. A UNICEF study on caring practices contributed to the comprehensive communications strategy now being implemented. The country programme supported the Integrated Management of Childhood Illness (IMCI), the prevention of mother-to-child-transmission (PMTCT) of HIV and ECD through training of service providers and community capacity-building in 10 districts. UNICEF contributed to the passage of the Infant and Young Child Feeding Policy, Adolescent-Friendly Health Services policies and to a Girls' Education Initiative. The programme contributed to a 10-per-cent decrease in teenage pregnancies and increased school enrolment and retention in a region with significant gender disparities. The PMTCT programme expanded to six more sites in 2003, and leveraged support will enable expansion to 34 more sites in 2004.

10. A second programme objective concerns information, appropriate skills and quality services for HIV prevention. A UNICEF study led to a new youth communication strategy and a media campaign. The country programme supported training of mobilizers and facilitators in a life skills project that reached more than 250,000 adolescents and helped reduce prevalence among youth 15-19 years old. The country programme will initiate a similar programme for children 10-14 years old in 2004-2005. Adolescent-friendly health services are now available in 85 facilities (five more than planned) in nine underserved districts, and 100 trained peer counsellors are in place.

11. UNICEF assisted the Government to obtain funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria and plans to leverage its programme work through monies from the Global Fund and the Presidential Emergency Plan for AIDS Relief (United States). These will benefit NGO and community efforts for assisting orphans and other vulnerable children (OVCs), HIV/AIDS communication and social mobilization, training of teachers, and expansion of PMTCT services.

12. The third objective is expanding protection services for vulnerable children and women and eliminating conditions that create or perpetuate disparities. A UNICEF study on exemption from school development fees is being used to develop policies to improve the access of OVCs to education. A UNICEF review of data on child abuse contributed to passage of the 2003 Domestic Violence Bill. Fifteen Women and Child Protection Units were established, police officers were trained in management of abuse, and teachers were trained in psychosocial support for OVCs. The finalized OVC policy and Juvenile Justice Bill are awaiting Cabinet approval. The country programme supported a faith-based organization that assisted OVCs in 68 locations, and attracted new donors. The programme also supported education and other services for orphans in highly affected regions.

13. **Resources used.** Of the total $1.29 million in regular resources allocated for 2002-2003, $1.26 million (98 per cent) were spent in the following percentages: young children's health, care and development (21); adolescents and HIV prevention (29); special protection and disparity-reduction (25); and cross-sectoral support (25).

14. A total other resources ceiling of $6.71 million was set for 2002-2003, of which $4.64 million (including set-aside funds) were available, and $4.10 million (88 per cent) were spent in the following percentages: young children's health, care and development (32); adolescents and HIV prevention (41); special protection and disparity-reduction (25); and cross-sectoral support (2). While funds raised in all programme areas fell short of plans, the major shortfall was in the area of young children, with $1.4 million raised against a $2.7 million ceiling. Donor focus on HIV/AIDS made fund-raising in other areas problematic. Main donors are the Netherlands, Sweden, the United States, Norway, the International Development Research Centre, the German and Belgian National Committees for UNICEF and GlaxoSmithKline.

15. The country programme contributed to all the MTSP priority areas, with 21 per cent of its budget spent on early childhood, 5 per cent on immunization "plus", 47 per cent on fighting HIV/AIDS, 4 per cent on girls' education and 16 per cent on child protection.

16. **Constraints and opportunities affecting progress.** HIV/AIDS, income disparities and chronic food insecurity are the major constraints. Service delivery is severely impacted by HIV/AIDS, with staff shortages due to absenteeism, death, and migration undermining capacity-building. Weak management capacity in many areas impedes implementation and results in poor monitoring and accounting.

17. Namibia does present many opportunities. High levels of school enrolment and gender parity make realization of the Millennium Development Goals in education feasible. A relatively high literacy rate facilitates communication. The Government invests heavily in social sectors and takes children's issues seriously. National decision makers take action based on well-documented advocacy. The Government works closely with the United Nations; the new Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF), linked to the Poverty Reduction Action Plan, provides opportunities for harmonized, synergetic programming. Decentralization provides opportunities for expanding community and rights-based programming to underserved areas and people.

18. **Adjustments made.** The MTR recommendations required only minor adjustments to the country programme. To promote greater and wider behaviour change, programme communication for social change needs strengthening, with stronger emphasis placed on reaching adults responsible for children. To improve results in protection from violence and abuse, the programme will change its focus from service delivery, the costs of which are increasingly borne by the Government, to prevention through community mobilization.

19. Due to limited capacity for implementation and to funding constraints, support for community IMCI and adolescent-friendly health services will be limited to 12 districts instead of the 18 originally envisioned. Service delivery and social mobilization components will be combined under the adolescent HIV-prevention programme. The Government recently accepted *DevInfo* as the monitoring

mechanism for the Millennium Development Goals and other indicators, and this will be supported to strengthen monitoring.

Rwanda

20. **Introduction.** The MTR was led by the Government through a Steering Committee that included representatives from all of the Ministries involved in the country programme. Using the updated situation analysis, technical staff from the Government, NGO staff and UNICEF reviewed each project's results. Projects were also reviewed at provincial meetings, with a focus on implementation of the human rights-based approach to programming. Findings and recommendations from these reviews were agreed upon at a pre-MTR meeting, and a draft report was distributed. At the final MTR meeting, the 85 participants included most Ministers concerned with the country programme implementation, illustrating the importance given to the country programme. Participants validated conclusions and recommendations and approved adjustments to the MPO.

21. **The situation of children and women.** An updated situation analysis and an analysis of the major changes affecting the legislative and institutional environment for children and women were essential contributions to the MTR. The markedly changed programme implementation context included a new Constitution, elections and the end of the post-genocide transition phase. Many national development instruments were put in place: the Poverty Reduction Strategy Paper (PRSP), Vision 2020, policies and strategies in education, protection of OVCs, health, and decentralization. Rwanda committed to the Millennium Development Goals, *A World Fit for Children* and a new UNDAF. The Government took important steps in the realization of children's rights, in line with the 2002 Report to the Committee on the Rights of the Child.

22. Around 60 per cent of Rwandans live below the poverty line. The IMR and under-five mortality rate (U5M) have declined since the programme began, but are still high at 96 and 183 per 1,000 live births, respectively. The MMR is 1,071 per 100,000 live births. High malnutrition persists, with 24 per cent of under-fives underweight and 43 per cent stunted. HIV prevalence increased from 8.9 per cent to 13 per cent, according to recent sentinel surveillance data. Rwanda has one of the world's highest proportions of OVCs: 1.2 million children are orphans, with 101,000 living in child-headed households and 7,000 living on the street. About 12,000 children work, sometimes in hazardous sectors. A new law established serious penalties for those guilty of sexual abuse and other exploitation, but enforcement remains weak.

23. Since the inception of the country programme, net enrolment rates have increased to 78 per cent, with gender parity achieved. However, girls remain more likely to repeat grades or drop out. Only 38 per cent of children complete primary school.

24. **Progress and results.** The child survival, growth and development programme contributed towards high immunization coverage rates, including near elimination of neonatal tetanus. In six focus districts, ITN use increased by 1 per cent. Vitamin A supplementation was ensured, salt iodization remained high and iron tablet distribution increased. Community-based nutrition surveillance in nine districts monitored 500,000 children, and 108,000 malnourished children were rehabilitated. PMTCT services were scaled up to 45 sites, 14 supported by UNICEF. Water and

environmental sanitation projects covered 217,000 people in 45 communes, 42 primary schools and 5 health centres.

25. The education programme contributed to increasing enrolment rates by nearly 4 per cent, raising primary school completion from 30 to 38 per cent, and decreasing repetition rates from 31 to 17 per cent. The programme helped to transform 16 primary schools with 19,000 children into child-friendly, gender-sensitive environments. UNICEF made important contributions to the Education Sector Strategic Plan, the Education for All Plan and the Gender in Education Review. A UNICEF study on guidance and counselling informed a national strategy promoting access as well as inclusion of psychosocial support and career guidance in schools, especially for girls and vulnerable children. Curricula were improved through the development of teaching materials on HIV/AIDS, civic education and peace and reconciliation.

26. The promulgation of a new law on child rights and protection of children against violence was supported, and the legal framework pertaining to children was reviewed. For children accused of taking part in the genocide, UNICEF advocated for the release of imprisoned children under age 14, reduced sentences for those 14-18, and legal assistance and priority consideration for children in tribunals. Social workers serving imprisoned children were trained.

27. Advocacy efforts kept OVCs high on the development agenda. An important milestone was the adoption of a national OVC policy. UNICEF is working with partners towards a national OVC education programme, including "catch-up" centres. Direct support was given to 15,000 child-headed households, district funds for OVCs were created, and local NGOs were supported to reintegrate children who live or work on the street. Campaigns against child abuse were conducted and a project was launched to fight the worst forms of child labour. UNICEF supported demobilization and reintegration of child soldiers and training of military personnel on child protection and rights.

28. The HIV/AIDS and child participation programme helped increase awareness, reduce stigma, and expand prevention, care and support through life skills curricula and anti-AIDS clubs. Findings from a UNICEF study were used to develop prevention messages. Fostering safer behaviour among out-of-school youth involved training of peer educators, mobilizers, and youth leaders. A strong programme of youth-designed HIV/AIDS responses was established through the rights-based approach and use of decentralized structures.

29. The social planning and rights advocacy programme developed monitoring tools and systems and supported 15 studies and evaluations as well as collection of baseline data. A national statistics system plan was developed, and government capacity in data collection was strengthened. Rwanda *DevInfo* was introduced and is being used to monitor Millennium Development Goals and PRSP goals. Rights promotion and advocacy were furthered through support for the first report to the Committee on the Rights of the Child, the "Say Yes for Children" campaign, and work with donors.

30. **Resources used.** Of the total regular resources of $9.18 million allocated for 2001-2003, $8.13 million (89 per cent) was spent in the following percentages: child survival, growth and development (32); education, development and protection (28); HIV/AIDS prevention and child participation (13); social planning and rights advocacy (11) and cross-sectoral support (16).

31. An other resources ceiling of $14.90 million was set for 2001-2003, of which $14.12 million was available and $13.05 million (92 per cent) was spent in the following percentages: child survival, growth and development (54); education, development and protection (40); HIV/AIDS prevention and child participation (2.5); social planning and rights advocacy (.5) and cross-sectoral support (3).

32. Some programme components mobilized other resources beyond planned levels, while projects such as juvenile justice, nutrition, PMTCT and water and sanitation fell short. Recently, the child protection project attracted the largest funding, especially for OVCs and child-headed households. Contributors were the National Committees of the United Kingdom, Switzerland and Germany, the US Fund for UNICEF, the Canadian International Development Agency, Food Aid Centre, the Government of Norway and the Centers for Disease Control and Prevention in the United States. Overall, 91 per cent of available resources were expended, 57 per cent on cash assistance.

33. **Constraints and opportunities affecting progress.** Constraints included weak sectoral coordination and inadequate involvement of children in programming — district leadership needs to be more committed to community participation. Two flaws in the country programme were a weak programme communication strategy and inadequate attention to HIV/AIDS. More funding is needed to scale up successful pilot projects in PMTCT, water and sanitation, improving school quality, alternative education and community-based nutrition surveillance. Birth registration also lacked sufficient support. Other constraints were a lack of reliable data for planning at all levels and weak dissemination of information between sectors. Limited capacity of partners slowed implementation.

34. Children's participation in the fight against HIV/AIDS has been quite effective, and lessons learned can be applied to other programmes. The combination of national and subnational intervention permits both a macro policy influence and effectiveness-testing at local levels. The growing importance of sector-wide approaches offers another opportunity to hand over proven pilot interventions to the Government for scaling up.

35. **Adjustments made.** The education, development and protection programme was divided into two programmes reflecting new, separate national policies. The adolescent participation and development project was discontinued and its activities absorbed into the HIV/AIDS and child participation programme. Other changes included the establishment of a protection post, phased exit from direct management of warehousing, and redefining of some posts.

36. Adjustments to the child survival programme include a greater concentration on the leading causes of death, including HIV/AIDS, and the convergence of IMCI and maternal health activities into four health districts that can "showcase" results. The programme shifted its attention from traditional birth attendants to the setting up of emergency obstetric care in the four districts, and results were redefined. Objectives for the HIV/AIDS and child participation, and social planning and rights advocacy programmes, were made more results-based.

37. The education and development programme's objectives were aligned with the new national Education Strategy, with a stronger focus on girls and OVCs. The protection programme has been considerably adjusted to emphasize the legal framework for child protection and support to OVCs.

Swaziland

38. **Introduction.** The Swaziland MTR was managed by a Coordinating Committee comprising members from UNICEF, the Deputy Prime Minister's office, sectoral ministries, the OVC network, NGOs, the National Emergency Response Council on HIV/AIDS, Parliament and children. Three technical working groups used field visits, community dialogues and a workshop to review progress and make recommendations. The national MTR meeting included the Deputy Prime Minister, the Minister of Economic Planning and Development, other government officials, chiefs, parliamentarians, religious leaders, and staff from NGOs, the United Nations and children.

39. **The situation of children and women.** The situation has deteriorated since the signing of the MPO in 2000, largely because of the HIV/AIDS pandemic, exacerbated by three successive years of drought. A national disaster was declared in early 2004, with more than one third of children needing emergency interventions. Malnutrition and U5M both increased. In 2002, according to sentinel surveillance, HIV prevalence was estimated to be 39 per cent. There are more than 60,000 orphaned children. The impact of the pandemic is aggravated by an almost stagnant economy and staggeringly high unemployment of at least 22 per cent, with higher levels among youth. Although Swaziland is categorized as a middle-income country, 68 per cent of its people subsist on about $10 per month.

40. In 2003, 30 per cent of children of primary school age were out of school, compared with 20 per cent in 1990. Major reasons were lack of money for fees, care responsibilities at home, and the need to procure food.

41. **Progress and key results.** The country programme contributed strongly to realizing children's rights, especially in the case of OVCs. In 108 communities (the target was 55), local leadership initiated activities with network partners, and 57 of these communities created a cadre of neighbourhood-based volunteers to control and prevent child abuse. Applying lessons learned from an evaluation, 95 communities formed Neighbourhood Care Points (NCPs), enabling neighbours to care for OVCs. By the end of 2003, 198 NCPs were helping over 7,000 children. In two regions, the community IMCI initiative was linked to these NCPs.

42. Emergency funds from the European Commission Humanitarian Office provided material support to another 220 NCPs, for 11,000 children in 80 communities in humanitarian crisis. A school meal programme with Save the Children Fund (SCF) and the World Food Programme (WFP) reached 86 schools, and in these schools attendance and learning outcomes improved, and drop out decreased. Fifteen schools also benefited from an emergency water and sanitation intervention. Community grants for high-risk children were piloted in 44 of the poorest communities, benefiting more than 3,000 children and bringing national attention to this vulnerable group. Enrolment increased by over 20 per cent. Valuable partnerships were formed.

43. UNICEF worked with the Government and a Swazi NGO on guidelines integrating PMTCT into the health system. An education initiative trained 50 per cent of lecturers and 20 per cent of student teachers in HIV/AIDS, gender relationships, sexual abuse and exploitation. Twenty schools are bringing this initiative to other teachers, pupils and parents. Through the country programme,

NGOs trained peer educators, who reached 6,000 young people and their parents as well as 180 community-based teachers.

44. Evaluations showing the limited impact of previous communication approaches led to a new approach based on messages of hope, empowerment and responsibility. These were communicated through storybooks, videos, interactive storytelling methodologies, national campaigns, a national children's choir, and a documentary film. To make schools safer for children and prevent child abuse, protocols for training health workers and police were developed, and public advocacy efforts increased.

45. **Resources used.** The approved regular resources ceiling for 2001-2003 was $3.30 million, of which $1.98 million was allocated and $1.84 million (93 per cent) were spent. A total other resources ceiling of $8 million was approved, of which $3.41 million was available as regular other resources, $1.10 million as set-aside resources and $1.58 million as emergency funds ($6.09 million). Out of this, $5.08 million (84 per cent) were spent. More funds have been committed for community IMCI, life skills education and PMTCT, which will raise the other resources budget about $800,000 above the Executive Board ceiling. The difference will be accommodated under the Board-approved regional projects. Overall, the total country programme allocated funds available for 2001-2003 were $8.07 million, of which $6.92 million (86 per cent) had been spent at the time of the MTR.

46. Funding for the community action for child rights and mainstreamed emergency response programme greatly increased, from $265,000 in 2001 to $2.36 million in 2003. The total funded in 2001-2003 was $3.92 million (49 per cent of country programme funds), and $3.55 million was spent. Funding for the integrated basic social services programme also multiplied, from $290,000 in 2001 to $1.2 million in 2003. The 2001-2003 total was $2.42 million (30 per cent of country programme funds), and $1.96 million was spent. Funding for the policy advocacy and institutional support programme doubled from 2001 to 2003. The total funded in 2001-2003 was $1.02 million (14 per cent of country programme funds), and $.89 million was spent.

47. **Constraints and opportunities affecting progress.** Constraints included overstretched capacities of both UNICEF and implementation partners due to rapid emergency scale-up and staff losses. Implementation, participatory monitoring, quality control and coordination capacities all need strengthening to harness opportunities to replicate successful pilot projects. Future work should emphasize conducting a Situation Analysis, creating a National Plan of Action for Children, establishing effective national coordination mechanisms for children's programmes, and meeting reporting obligations to the Committee on the Rights of the Child.

48. The country programme took advantage of opportunities to adapt, scale up and forge new partnerships. International recognition of the emergency situation resulted in large increases in funding, enabling some targets to be surpassed.

49. **Adjustments made.** The country programme structure was slightly modified. The integrated basic social services programme now has specific health and education projects. The renamed action for children's rights programme now has both community and national components. Communication and monitoring projects under the policy advocacy and institutional support programme provide cross-cutting support. In 2004-2005, work will be consolidated in 55 communities, while

emergency funds will be used for OVCs in those and other communities. Fund-raising efforts, reduced in the face of implementation constraints, will be renewed as management capacity is strengthened.

50. The programme will emphasize community action plans and the strengthening of partnerships. PMTCT "plus", Community-IMCI, life skills and gender work will expand. By end-2005, NCPs will expand to 345 sites in the 55 focus communities. Child protectors will be expanded in partnership with a coalition working to combat sexual abuse. UNICEF will advocate for a national children's coordination mechanism and for a strengthened multisectoral approach. Government monitoring will be strengthened through use of *DevInfo*.

Uganda

51. **Introduction.** The Uganda MTR was led by the Government through a joint country programme management team, which guided six working groups. Each group reviewed achievements against expected results found in the MPO, the Uganda Poverty Eradication Action Plan, the Millennium Development Goals and the MTSP. Participants included ministries, local governments and Parish Development Committees, United Nations agencies, NGOs and community-based organizations. Methodologies included desk reviews, district meetings, workshops, site visits, and 12 studies and evaluations. The final MTR meeting was attended by two ministers, permanent secretaries and more than 70 other adults as well as children.

52. **The situation of children and women.** In the 1990s, Uganda achieved economic growth, poverty reduction, the introduction of universal primary education, reduction in HIV prevalence and increases in access to safe water. The Decentralisation Act and policy instruments such as the Poverty Eradication Action Plan, the Poverty Action Fund and the Northern Uganda Social Action Fund created an enabling environment for progress. Uganda ratified the Convention on the Rights of the Child and supports *A World Fit for Children*. A Children's Act is in place and there is a legal and policy environment for child protection. However, since the start of the 2001-2005 country programme, progress in improving key social development indicators has been slow, and the 17-year conflict in northern Uganda has worsened.

53. Primary school enrolment increased dramatically from 1996 to 2003, due to the introduction of universal primary education. However, 13 per cent of primary school-age children are not enrolled, and drop out rates remain high. Only 8 per cent of children from poor households can access pre-primary education, only 22 per cent of children complete grade seven, and only 20 per cent of children of secondary school age are enrolled.

54. The IMR (88 per 1,000 live births) and U5M (152 per 1,000 live births) have stagnated, and urban/rural differences remain pronounced. Stunting affects 39 per cent of children, and micronutrient deficiencies are endemic. The 2002 revitalization of the expanded programme on immunization (EPI) increased immunization coverage, though variation remains between districts. Uganda has the third-highest total fertility rate (6.9 births per woman) in the world, and the MMR remains unchanged at 505 per 100,000 live births. Only 39 per cent of births are attended by skilled personnel. Rural water coverage has increased but varies widely, from 25 to 74 per cent.

55. The decline in HIV prevalence rates appears to have halted, with prevalence hovering at around 6 per cent. AIDS accounts for 51 per cent of orphanhood; 15 per cent of children under 15 (2.1 million) are orphans. Out of 1.2 million live births per year, 25,000 are HIV positive, yet less than 10 per cent of pregnant women attend antenatal counselling sites with PMTCT services.

56. The situation in northern Uganda sharply deteriorated from 2001 to 2003. The number of internally displaced persons (IDPs) increased from about 500,000 to 1,400,000, and most have no access to essential services. An estimated 8,000 children were abducted and another 20,000 commute every night to sleep on town streets to avoid abductions and attacks.

57. **Progress and key results.** The success of the human rights-based approach to programming was demonstrated by several outcomes: strengthened capacity in 31 districts and 141 sub-counties to plan, deliver, and monitor services; strengthened capacity of 730 Parish Development Committees and 6,000 community mobilizers to support child-centred activities; strengthened capacity of district officials for decentralized implementation; increased focus on the 49 most disadvantaged sub-counties in 11 focus districts and strengthened partnerships and coordination at the national level for leveraging resources and developing social sector strategies, policies and programmes.

58. The rights to health and nutrition programme included the following results: Immunization against tetanus for 91 per cent of women of childbearing age in five high-risk districts; revitalization of immunization, vitamin A and IMCI programmes; some 13.5 million children immunized against measles; more than 6 million children received Vitamin A; DPT3 coverage increased to 72 per cent; improved latrine coverage; increased use of mosquito nets; and increased practice of 16 key behaviours for IMCI. The revamped Birth and Death Registration system now functions in 17,157 villages, where 17 per cent of children under eight (528,300) were registered.

59. The HIV/AIDS and rights to self-protection programme achieved several results. Life skills development and information-sharing reached 495 youth groups in 15 districts and 1,500 peer educators in 31 focus districts. In addition, PMTCT sites increased from 5 to 71 in 31 districts, with 224,410 pregnant women attending these sites, 71 per cent of whom were counselled and 65 per cent tested. PMTCT "plus", including care for seropositive mothers and children, has started. OVC protection, care and support initiatives were tested in four districts, following a new national policy and plan.

60. The child-friendly basic education and learning programme included the following results: operationalization of 250 ECD sites in 13 districts, benefiting 10,600 children; child-friendly environments established in 31 districts, benefiting 450,200 children; 341 alternative learning centres established; more than 100,000 out-of-school children attaining literacy; and more than 200,000 children involved in the Girls' Education Movement.

61. The school and community sanitation, hygiene and water programme contributed to the national achievement of providing more than 1.2 million children with improved access to water and latrines at school. The pupil-stance ratio for latrine use improved from 100:1 in 2000 to 64:1 in 2002, and 3 per cent of the reduction in girls' drop out was attributed to improved sanitation facilities. At the

community level, 218 trained water committees in 16 districts are maintaining water systems and 45,000 people have improved access to water from 48 protected springs, 141 shallow wells and 9 gravity flow systems.

62. The rights of children in armed conflict programme included the following results: mitigation of displacement-hardships for 53,000 households and 3,000 children; improved nutritional status of 600 children per month at therapeutic feeding centres; 60,000 children immunized against measles; 27,000 children provided with school materials; and 20,000 displaced persons provided with sanitary facilities.

63. **Resources used.** Of the $15.68 million in regular resources allocated for 2001-2003, $15.16 million (97 per cent) were spent in the following percentages: planning, Birth and Death Registration (BDR) and cross-sectoral support (29); rights to health and nutrition (17); school and community water and sanitation (16); child-friendly basic education and learning (15); HIV/AIDS and rights to self-protection (15); and rights of children in armed conflict (8).

64. A total other resources ceiling of $45.8 million was set for 2001-2003, of which $28.9 million were available and $28.1 million (97 per cent) were spent in the following percentages: rights to health and nutrition (38); rights of children in armed conflict (16); BDR and cross-sectoral support (14); HIV/AIDS and rights to self-protection (12); child-friendly basic education and learning (10); and planning, school and community water and sanitation (10).

65. **Constraints and opportunities affecting progress.** Constraints are poverty, disease, including HIV/AIDS, high fertility, insecurity and limited access to conflict-affected areas. The country programme received only 65 per cent of its other resources ceiling, mainly because donors' funding shifted to direct budget support. This adversely affected almost all programmes. The Government's decision to include project-based funds in budget ceilings and the new fiscal decentralization strategy demand adjustments by UNICEF. Counterpart funding to focus districts is lacking.

66. The policy environment favours the realization of children's rights. The revision of the Poverty Reduction Action Plan presented advocacy opportunities for alignment of national goals with the Millennium Development Goals and MTSP targets. This is essential to reduction of child and maternal mortality, a priority. Universal primary education offers opportunities to reduce gender and other disparities. The sector-wide approach to budgeting offers opportunities to develop new partnerships and to raise strategic issues affecting children, using evidence-based lessons learned. Resources can be leveraged to help children in areas outside of the focus districts of UNICEF.

67. **Adjustments made.** The country programme is aligned with MTSP, although protection programming is implemented mainly in the conflict-affected areas. In response to the northern conflict, financial and human resources were reallocated for 2004-2005 to meet the UNICEF Core Commitments for Children in emergencies. The ongoing study on children in need of special protection may lead to protection issues being addressed more widely in the next country programme. The MTR noted the need to better coordinate early childhood activities.

68. The MPO objectives were redefined to be specific, measurable, achievable, relevant and time-bound, and organized in a clear hierarchical results framework. Partners' capacity gaps will be addressed in coordination, supervision, monitoring and reporting. The country programme will also use review findings on best

practices to institutionalize the human-rights based approach to programming, enhancing capacities of duty-bearers and disseminating information on best practices.

69. The programme will accelerate interventions to address inadequate maternal and child health services, low PMTCT coverage, the care, protection and support for OVCs, youth-friendly health services and scale-up of birth and death registration.

Major evaluations

Girls' Education: evaluation of Complementary Basic Education in the United Republic of Tanzania (COBET)

70. **Reasons for the evaluation.** The COBET programme piloted basic educational opportunities for out-of-school children, particularly girls, in five rural and urban areas through a curriculum focused on basic competencies and life and survival skills and offering flexible schedules for students. Results were expected to influence policies and assist national replication. The components were a participatory needs-assessment, empowerment and participation of stakeholders, strengthening institutional linkages, production of teaching and learning material and implementation through community-based committees.

71. The evaluation examined the achievement of objectives and assessed whether and how the approach could be expanded to all districts. Evaluation criteria were effectiveness, quality, adequacy and relevance.

72. **Design and methodology.** In all five pilot sites, purposive sampling was undertaken of learners, facilitators, community duty-bearers, district officials, and institutional partners. Design of data collection instruments and the analysis were guided by a conceptual framework for determining effectiveness.

73. Methodologies involved a contextual study through desk review and site visits; questionnaires for each sampled group; observation schedules; national standardized tests; language and mathematics achievement tests; a unit-cost data-collection instrument; tape-recorded focus-group discussions; individual and group interviews; and field observations. Responses to the learners' questionnaire and language and mathematics tests were assessed statistically for reliability and validity.

74. **Participants.** Participants included 161 out of 1,530 learners, 72 facilitators, parents, school committee members, village chairpersons, government officials, district officials, COBET focal points and staff members from two institutes of education, the Ministry of Education and Culture, NGOs and a Cooperative Union.

75. **Significant rights issues addressed.** The evaluation addressed the effectiveness of the project to develop the State's capacity to ensure development of institutions, facilities and services for children, to reduce drop out rates and to address children's right to education, including both formal and vocational. The rights of girls and of disadvantaged, vulnerable children were particularly addressed.

76. **Conclusions.** COBET reached its targeted group of vulnerable children, 45 per cent of whom were female. The average age was 14, and 64 per cent lived with either a single parent or with a non-parental relative. Some 80 per cent were working at wage or non-wage subsistence labour. The curriculum was appropriately designed in terms of organization, subjects covered, structure of the learning process, flexibility and duration. The learning process was child-friendly,

participatory, and adaptive to individual learners' abilities and needs. The standardized test results demonstrated that most graduates of the three-year COBET cycle achieved a level of knowledge equivalent to that of students who attended seven years of mainstream primary school. Unit costs were low compared with formal education.

77. Problems included weak community ownership, diminishing sustainability, the lowering of learning ability caused by disadvantaged home environments, and persistent gender disparity in performance. Adaptations needed for replication and scale-up were identified. The programme's success prompted reflections on expanding alternative education to more children and on incorporating elements of COBET into mainstream education.

Fighting HIV/AIDS: evaluation of the peer education programme in Zambia

78. **Reasons for the evaluation.** The peer education programme was piloted in 47 zones to increase awareness, knowledge and safe behaviour concerning HIV/AIDS and reproductive health among young people in and out of school. The evaluation's objectives were to assess the impact of the programme, compile a list of best practices, recommend replication strategies, and develop a practical monitoring and evaluation framework and tools.

79. **Design and methodology.** The design covered four districts in two provinces where the programme had operated longest. It combined an impact evaluation with capacity-building for implementing partners in monitoring and evaluation. Methodologies included desk review, semi-structured interviews, focus-group discussions, questionnaires, and observations of anti-AIDS club activities. The respondents were selected to represent both school-based and community-based club members, high- and low-performing clubs, and areas of differing proximity to a district centre.

80. **Participants.** Participating were 349 club members as well as 55 cooperating partners, 20 zonal and 4 district coordinators, 7 staff from the implementing organizations and 4 UNICEF staff.

81. **Significant rights issues addressed.** The evaluation assessed the extent to which young people are fulfilling their right to information for their health and well-being and their right to health.

82. **Conclusions.** Information and supplies were insufficient and materials largely inappropriate. Rural sites were disadvantaged compared with urban sites. Drama, songs and the mobile video van were identified as the most effective media, but with insufficient funds they reached too few people. Though the peer approach was widely appreciated and well supported by local counterparts, its effectiveness was compromised by inadequate training, high turnover, lack of support for outreach and low motivation among volunteers. Project monitoring, evaluation and follow-up needed strengthening. Among participants there was evidence of higher knowledge levels and increased capacity to discuss previously taboo topics, but findings were mixed in terms of behaviour change for safer sex; there was some reduction in risky behaviours but teenage pregnancies, abortions and early marriages remained numerous.

83. Weaknesses in implementation and management rather than in the approach limited the programme's impact. Therefore, restructuring was recommended, including use of referrals to youth centres, better feedback systems, formation of

Youth-Friendly Corners in schools, redistribution of funds to more effective components and resolution of other management problems.

Fighting HIV/AIDS: a review of linkages between HIV/AIDS and nutrition interventions in Malawi

84. **Reasons for the evaluation.** Malawi is challenged by a complex, long-term emergency caused by HIV/AIDS (the HIV prevalence rate is 16 per cent), food insecurity, and poverty. These mutually reinforcing, negative factors increase households' vulnerability to shocks and decrease coping abilities. In 2002, a state of emergency was declared. In response, numerous organizations, including UNICEF, are involved in food assistance, HIV/AIDS prevention and mitigation. The evaluation was designed to address a perceived lack of convergence in policies, strategies and interventions, and the consequent failure to maximize the effectiveness of interventions.

85. **Summary of design and methodology.** A conceptual framework delineated the interactive, downward-spiralling relationship of poverty, malnutrition and HIV/AIDS. The evaluation covered these areas: implementation, targeting, commodities and resources, capacity, monitoring and evaluation, information, education and communication materials, and research needs. The methodologies included a desk review of policies and strategies, a descriptive, six-element inventory of food-assistance programmes associated with HIV/AIDS, key informant interviews and a workshop.

86. **Participants in the evaluation.** Among the 60 participants were people from 30 NGOs and government and United Nations agencies (UNICEF, the Food and Agriculture Organization of the United Nations and WFP).

87. **Significant rights issues addressed.** The evaluation considered the extent to which the programmes enabled the State to fulfil children's right to the enjoyment of the highest attainable standard of health, including combating disease and malnutrition, and providing health care services.

88. **Conclusions.** Malawi needs a strategy, policy or guidelines on nutrition and food assistance relating to HIV/AIDS. Current strategies are not integrated, and programmes are inconsistent and poorly defined. They lack a long-term orientation to the escalating food needs of people on a continuum of HIV infection or who are affected by HIV/AIDS. The spectrum of needs, from prevention to care and support, requires a coordinated package of services, with special attention paid to women and children. Along the continuum of infection, changing needs necessitate a holistic approach of interlinking interventions that include economic assistance, care and support, health and nutrition.

89. The evaluation recommended improvements in programme design and implementation, including increased participation of people living with HIV/AIDS. Key questions to be addressed are: who is being helped and for what purpose, what kind of assistance is needed and when should it begin and end. Each target group and objective requires a different kind of food basket tied to different kinds of HIV/AIDS interventions. Clearer programme objectives and linkages would help solve problems with staff training and burnout, weak monitoring and evaluation, and inappropriate information, education and communication materials. Practical,

Malawi-specific research is needed on community-support networks, defining appropriate food baskets and household vulnerability.

Integrated ECD: a rapid evaluation of community-based approaches to nutrition, IMCI and ECD in Madagascar

90. **Reasons for the evaluation.** An integrated nutrition and IMCI programme began in a few sites in 1994, and by 2002 had expanded to 644 sites in 25 health districts. Though it covers 3 per cent of the population, the initiative has been replicated by other development partners, who work in more than half the country. Beginning in 2001, the approach added ECD components in 9 districts. The evaluation was commissioned to determine the justification and parameters for a continuation of the integrated, community-based approach to nutrition, IMCI and ECD. The evaluation was to look at effectiveness and efficiency in achieving results, assess the sustainability of the process and make recommendations for the new country programme.

91. **Summary of design and methodology.** The study design sampled seven sites in five districts. Sampling criteria were duration of the programme, number of volunteers, accessibility to health services, inclusion of the IMCI component, participation of an NGO, and level of activities. Primary data collection was done through focus-group discussions with mothers of small children, volunteer workers, in-depth interviews, and a quantitative survey of 20 randomly selected mothers with a child under age 3, who participated in programme activities. Secondary data analysis was made from a review of 25 randomly selected growth records from each site, volunteer registers, the government database on nutrition and IMCI and the financial reports of UNICEF.

92. **Participants in the evaluation.** Participants were mothers, volunteers, village and municipal authorities, government officials, agricultural extension workers, nutritionists, health centre and district health workers, medical inspectors, NGO staff, government counterparts and UNICEF staff.

93. **Significant rights issues addressed.** These included: the capacity of the State to assist parents with child-rearing responsibilities as well as children's rights to enjoy the highest attainable standard of health and to develop to their fullest potential.

94. **Conclusions.** Despite high political commitment to decrease malnutrition, programme effectiveness and efficiency were weak, with low coverage, a failure to reach the most vulnerable children, poor community and local government involvement, lack of integration across activities, poor training, little or poor supervision and nonfunctional monitoring and information systems. The exceptions to some of these negative findings were sites where NGOs, rather than government agencies, were implementing the approach. Major recommendations were to focus on the most vulnerable, develop and strengthen partnerships with NGOs and revitalize the programme before investing in going to scale.

Immunization: evaluation of the vaccination cold chain in Madagascar

95. **Reasons for the evaluation.** The evaluation was to provide crucial information needed to re-launch the EPI in Madagascar, including where to concentrate rehabilitation efforts for rolling stock, management and logistical

capacities and whether it was feasible to introduce new technologies, such as propane gas and solar energy.

96. **Summary of design and methodology.** Partners agreed on a survey protocol covering 2,830 (80 per cent of total) health facilities in six provinces and 111 districts. A pre-tested questionnaire was designed with matching data entry screens in *EpiInfo*. Trained teams oriented district supervisors on administering and compiling the questionnaires. The data were analyzed according to an agreed-upon plan.

97. **Participants in the evaluation.** Health workers completed 2,268 questionnaires, which were compiled by supervisors. Partners included the Ministry of Health, UNICEF, and the World Health Organization.

98. **Significant rights issues addressed.** The evaluation results improved capacity in reducing infant and child mortality and in addressing children's right to health.

99. **Conclusions.** Key findings were that nearly 10 per cent of active cold chain appliances did not conform to minimum standards; 25-60 per cent of refrigerators were broken; the introduction of propane gas would reduce energy costs by 30 per cent; 80 per cent of motorcycles were broken down; and technical assistance was needed for restructuring, planning and budgeting the logistics system. The evaluation specified 29 actions needed in the stocking of vaccines, securing energy sources, cold chain maintenance and transport and logistics management. An estimated budget was provided for a rehabilitation plan.

Protection: evaluation of the joint training programme on the prevention of sexual exploitation and abuse of women and children in the humanitarian response to the food crisis in Southern Africa

100. **Reasons for the evaluation.** The WFP, UNICEF and SCF-United Kingdom commissioned a private company to develop a training package and implement a training programme to address issues of sexual exploitation, abuse and vulnerability to HIV/AIDS in the context of the humanitarian crisis in Southern Africa. Nearly 5,000 participants in seven countries were trained in 2002-2003, including 87 trainers and 243 managers who are training others in their countries. The evaluation addressed implementation, the collaborative approach and preliminary impact.

101. **Summary of design and methodology.** The training programme was evaluated in three countries (Malawi, Swaziland and Zimbabwe) in terms of its extent, appropriateness and effectiveness; the management and impact of the training; and collaboration among the joint regional management team, the country teams and participants. The methodology was predominantly qualitative due to the failure of the implementing agency to conduct pre- and post-training assessments. A short attitudinal instrument and semi-structured interview schedules were used, and all available documentation was reviewed.

102. **Participants in the evaluation.** The 120 participants included WFP, UNICEF and SC-United Kingdom staff, implementing company staff, trainers, country management teams, trainees, governmental stakeholders, and a wide range of people involved in food distribution, from managers to truck drivers and community members.

103. **Significant rights issues addressed.** The central issue was the right of children and women to be protected from coerced, unlawful and exploitative sexual activity.

104. **Conclusions.** The problems encountered in the collaborative, joint agency management at regional and country levels were solvable, and the framework worthy of replication. Despite some improvements needed in the training materials, the core messages were communicated effectively, awareness was raised and a process of change was stimulated. The evidence demonstrated a positive impact on the targeted organizations and communities. New codes of conduct and training and awareness-raising materials are being developed, and issues raised in the training are being addressed. The programme was successful and effective in terms of both process and impact, and there is strong demand for its continuation.

Conclusion

105. The 2003 MTRs and evaluations addressed all of the MTSP priorities and strategies, as well as regional and national priorities. As joint programming through strong UNDAFs becomes more widespread, joint reviews and evaluations are becoming more common. Evidence was collected and analyzed scientifically and findings and recommendations were applied to adjust ongoing programmes, scale up and replicate results, or in some cases, re-focus, consolidate and restructure programmes and activities. Among their conclusions were several key points: (a) the human rights-based approach enhances ownership, sustainability and relevance of local interventions; (b) ECD was unfocused and in need of restructuring; and (c) the negative interrelationship of HIV/AIDS and famine challenged programmes to become more holistic and to build strong partnerships.

106. The scope and quality of evaluations done in 2003 were better than those done in 2002, and findings were more valuable for improving performance. Nevertheless, there is room for improvement, particularly in making linkages to expected results and indicators in MPOs. This is being pursued through several means: capacity-development of staff in both monitoring and evaluation and results-based planning and management; dissemination of evaluation standards and guidance; dissemination of MTR and monitoring and evaluation toolkits; the expansion of a regional database of consultants; extensive review of terms of reference by the regional office; and advocacy for more time and money allocated to ensure quality of work.

107. Most of the evaluations and all of the MTRs completed in 2003 effectively involved national and subnational stakeholders and community members (both children and adults) in assessment, analysis, and recommendations for action. The frequent teaming of international and national consultants increased national capacity for international-standard research and analysis. There is already evidence that the 2004 MTRs are benefiting from lessons learned in the 2003 exercises.

United Nations E/ICEF/2004/P/L.28

Economic and Social Council

Distr.: Limited
9 July 2004
English
Original: French

For information

United Nations Children's Fund
Executive Board
Second regular session 2004
13-17 September 2004
Item 9 of the provisional agenda*

Summary of midterm reviews and major evaluations of country programmes

West and Central Africa

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 2003.

Midterm reviews

Ghana

1. **Midterm review preparation process.** A steering committee chaired by the director of the multilateral division and comprising representatives from all sectors was established in March 2003. The committee set up five thematic groups to analyse the programme's achievements, with the participation of partners at national and regional as well as district levels. The administrators of government department programmes chaired these thematic groups. A working group of young people was established with the task of analysing programme responses to the situation of

* E/ICEF/2004/12.

04-42072 (E) 100804 110804

adolescents and formulating recommendations. The results of national reviews of key sectors such as education and health, dracunculiasis, the prevention of mother-to-child HIV transmission and the integrated community-based development programme were used for the review. Field visits were organized by the thematic groups for gathering information. Along with project follow-up reports, routine data and evaluations, these documents served to analyse achievements and formulate recommendations.

2. **The situation of children and women.** Ghana's population is estimated to be 18.9 million, 47 per cent of which is under the age of 18 years and 24 per cent women of childbearing age. The demographic and health survey indicates that one child in nine dies before reaching the age of five years. Infant and child mortality has fallen by 30 per cent since 1988. Malaria remains the prime cause of child mortality and is responsible for 22 per cent of child deaths. There has been no reduction in child malnutrition in the last 10 years: 26 per cent of children are small for their age; 25 per cent are underweight for their age. The maternal mortality rate, which was 214 per 100,000 live births at the beginning of the 1990s, does not seem to have fallen. HIV prevalence increased from 2.3 per cent in 2000 to 3.4 per cent in 2002. The number of reported cases increased from 6,289 in 2000 to 9,185 in 2002. The total number of HIV/AIDS cases increased from 40,029 to 64,314 between 2000 and 2002. The age group 15-24 accounted for 9 per cent of cases in 2002. The rate of access to drinking water has risen from 37 per cent to 44 per cent. After being virtually eradicated, dracunculiasis has re-emerged, with an alarming number of registered cases, the majority of which are in the northern regions of the country.

3. The gross primary school enrolment ratio increased from 72 per cent in 1997-1998 to 80 per cent in 2001-2002. Geographical disparities persist, with the three northern regions still the most disadvantaged in many respects. In these regions, 80 to 85 per cent of women are illiterate, and that is three times the level seen in Accra. The number of street children in Accra is increasing, and is estimated to be about 20,000. Furthermore, 27 per cent of children aged between 7 and 15 years are economically active. Female genital mutilation is practised in some parts of the north.

4. **Key achievements and constraints.** Cooperation with ministerial departments and non-governmental organizations (NGOs) has enhanced awareness of child abuse, including sexual abuse, as is shown by the increased number of criminals (paedophiles) sentenced. The number of rape cases reported to the police unit dealing with juvenile justice and women tripled from 2001 to 2002, increasing from 181 to 475. This increase demonstrates public confidence in the system that has been set in place. With the help of the active advocacy of the NGO Plan, the United Nations Population Fund and UNICEF, the Government has reduced the costs of registering births. UNICEF has assumed responsibility for training professionals of all levels regarding the Convention on the Rights of the Child. The direct participation of young people in radio programmes has also drawn attention to issues relating to the promotion of the rights of the child in the country.

5. Hundreds of communities have been made aware that they should not send their children into towns to look for work. Street children have been sent back from Accra to the villages they came from. This repatriation process is accompanied by life skills training so that they can learn a trade. Adolescent mothers living on the streets have been trained in antenatal care and young child development services.

6. In the focus districts and communities of the northern region, the decentralized programme for community capacity-building has developed local planning and negotiation capacities to improve services such as water, sanitation, girls' education, health care and the protection of children. Substantial progress has been made in the districts as far as the preparation of annual medium-term and integrated plans under the national poverty reduction strategy are concerned. The project has also established a system of follow-up and evaluation in the districts where it is operational. Hundreds of communities have drawn up annual community action plans in the past three years, thereby exceeding the objectives set by the general plan of operations.

7. The programme has drawn up a strategy for combating HIV/AIDS in support of activities being carried out by the Government and other partners. The strategy targets high-risk groups, peer education, the prevention of mother-to-child transmission, orphans, vulnerable children and sexually transmissible infections. Progress has been swift in some areas but modest in others. The support given to high-risk groups and peer education, both within and outside schools, has involved 60,000 young people in Accra and selected districts. Valuable lessons have been drawn from the establishment of pilot sites for the prevention of mother-to-child transmission in two hospitals; the Government has decided to extend the experiment to 26 hospitals and to turn it into a national programme. The increase in HIV observed at the two sites is cause for concern, given the prevalence rate of about 12 per cent among those women in antenatal care who agree to be screened.

8. Polio eradication is a major priority with the discovery of eight cases in 2003 which were probably imported from neighbouring countries. The anti-measles campaign supported by UNICEF has been a great success, with an 80 per cent reduction in the number of cases and complications associated with the disease. The coverage rate for the triple dose of diphtheria/pertussis/tetanus vaccine (DPT3) increased from 76 per cent in 2001 to 80 per cent in 2002. The new pentavalent vaccine (DPT, hepatitis B, *haemophilus influenzae*) was introduced in December 2001 with financing from the Global Alliance for Vaccines and Immunization. Vitamin A has been distributed during anti-polio drives, and has been given to almost all children. Efforts to eradicate dracunculiasis have been disappointing, with cases being reported from areas where it had disappeared.

9. The Accelerated Child Survival and Development strategy was launched in 2002 in two of the ten regions of the country (19 districts). The support given through this strategy covers all aspects of interventions such as the monitoring of non-vaccinated children, the marketing of impregnated mosquito nets to protect pregnant women and children, the deparasiting of all children, the integrated management of childhood illness, the training of health personnel, and the provision of folate supplements to pregnant women and the promotion of iodized salt. Exclusive breastfeeding has made good progress in communities supported by UNICEF where communications strategies to bring about behaviour change have been employed since 2001. The 50 per cent target in the general plan of operations has been exceeded.

10. A broader partnership with the Ghana Red Cross and other NGOs has been shown to be very effective in improving the practice of exclusive breastfeeding in the communities targeted. Consumption of iodized salt has been advancing slowly but surely, from 28 to 50 per cent between 1998 and 2002. The national coverage

rate for the double dose of Vitamin A increased from 89 per cent in 2000 to 96 per cent in 2002. The household food security project has not achieved its targets. However, progress has been made in the granting of credit to 13,319 women and adolescents in 250 communities through microcredit institutions. Collaboration with the private sector has made it possible to produce and sell iodized salt and Vitamin A enriched oil.

11. In cooperation with other development partners, UNICEF has actively supported the development of the strategic plan for education 2003-2015. This plan has served as a support for Education for All, the acceleration initiative for education and the sectoral approach in the field of education. It has been a great success in the education sector. The UNICEF contribution in drawing up the new education act and technical support for sectoral reviews and the schools charter have been broadly acknowledged by the Government and partners. UNICEF has also contributed to the development of models for district education plans. The enrolment of girls has increased more rapidly in districts supported by UNICEF than in the rest of the country. These results must be attributed to the training of teachers, the supply of textbooks, teaching and play materials and the creation of a more attractive school environment through the installation of sanitary equipment and the provision of water.

12. The partnership has been decisive in the success of a number of interventions relating to education. The organization of joint review and planning sessions of Ghana's educational authorities and focus regions and districts has brought together the various levels of the Ministry of Education, which has made it possible to integrate practical experience on the ground and policy. The Ministry has now taken over the planning processes at national and district levels. The schools charter adopted in 2003 aimed at ensuring better targeting of children within and outside school.

13. A policy for the development of the young child has not yet been adopted, which explains the poor coordination of the sector's activities. The low capacity of national personnel in implementing the young child development approach is another challenge.

14. **Resources utilized.** The five-year programme has a budget of US$ 60 million, $17.2 million in regular resources and $42.8 million in other resources. This amount does not include the emergency fund ($806,000) obtained following the humanitarian crisis in Côte d'Ivoire. Between 2001 and 2003 the total received (regular resources and other resources) was $31.7 million, while non-mobilized other resources totalled $4.1 million. The Governments of Canada, the United States of America, France Ireland, Japan, Norway, the Netherlands and the UNICEF National Committees of Austria, Canada, Denmark, the United States of America, the Netherlands and the United Kingdom contributed to other resources. International agencies also contributed, including the International Development Research Centre, Rotary International, the Conrad Hilton Foundation, and the United States Centers for Disease Control and Prevention. Approximately 14 per cent of the funds received were spent on programme support.

15. **Assessment of programme strategies and lessons learned.** Ghana is strengthening its sectoral planning reforms. Sectoral approaches to health have been supplemented by proposals for education and rural hydraulics. The donor budgetary support system currently supported by the World Bank, the International Monetary

Fund and bilateral partners is gradually becoming one of the most important mechanisms for defining priorities and for political dialogue. Decentralization reforms have been reviewed and the Government has adopted a new plan of action for decentralization. The country programme will take advantage of these institutional reforms for the next cycle.

16. The office reviewed the general plan of operations in the light of the medium-term strategic plan and made some minor adjustments to its work plan to better accommodate the plan's priorities. The following are the main recommendations made by the midterm review: good experience was gained in the implementation of several sectoral and cross-sectoral programmes in the eastern and northern regions; the lessons thus learned must be applied in other districts and regions so that what has been achieved can be replicated elsewhere, while placing emphasis on key areas of intervention; the decentralized community capacity-building programme should strengthen management at the regional level and focus on support for planning, monitoring and evaluation, as well as on budgeting, in order to provide adequate basic services; community-level support should emphasize change in behaviour; support for targeted interventions (accelerated child survival and development strategy) will continue to be a key strategy; more attention should be given to the eradication of dracunculiasis and polio; support given to many NGOs for the promotion and protection of rights programme must be evaluated in order to enhance government capacities; the Ministry of the Woman and Child should assume full responsibility for the programme on behalf of the Government; and actions in the field of birth registration, child trafficking and migration must be reinforced.

17. **Agreed recommendations.** The geographical coverage of life skills programmes must be reviewed; they should concentrate on the neediest rural areas. The fight against HIV/AIDS will be at the heart of programming between UNICEF and its key partner, the Ghana Commission on HIV/AIDS. There will be an accelerated approach to education for girls in selected regions to assist the country to achieve gender parity in primary education in 2005. Strategic UNICEF assistance to make the Ministry of Education's sectoral plan a reality will provide support for district education plans in 110 of them. The objectives of the development of the young child project will be redefined. Further efforts will be made to develop indicators and to expand proven community strategies. The number of nutrition actions needs to be limited and activities with a nationwide impact need to be reinforced. The microcredit project will have to be assessed in 2004. Vigorous advocacy will be needed to enforce the law on the production and marketing of iodized salt.

Chad

18. **Midterm review preparation process.** The midterm review of the programme of cooperation took place at N'Djamena in November 2003. A steering committee responsible for coordination and sectoral committees in charge of drafting sectoral documents were set up by ministerial decree.

19. Preparing for the midterm review involved all partners who would be contributing to its implementation. At the beginning of the year a work plan listing the tasks to be accomplished, the responsibilities of the different actors and the

implementation timelines was drawn up. The sectoral operational plans, annual reports, annual plans of action for 2001-2003, the common country assessment, the poverty reduction strategy paper, the medium-term strategic plan and the methodological analysis paper were circulated to assist in the various analyses. The secretaries-general, directors and national technicians, as well as managers from United Nations system agencies and the UNICEF regional office took part in the review, and its results were shared with the embassies of member countries of the Executive Board in Chad.

20. **The situation of children and women.** High rates of infant and child mortality (194 per 1,000 live births in 2000), maternal mortality (827 per 100,000 live births) and a very high prevalence of child malnutrition are characteristic of Chad. The rapid spread of the HIV/AIDS pandemic is largely due to the infrequent use of methods of protection against sexually transmitted infections, numerous sexual partners, forced sexual relations and the dependent status of women in marriage. Cases of children needing special protection are becoming increasingly frequent because of, inter alia, deterioration of the quality of family life, weakening of parental authority, erosion of the social values which protect children and the difficulties experienced by the State in fulfilling its obligations. Both gross and net school enrolment ratios are low (75 per cent and 60 per cent respectively) and there is still a huge gap between boys (92 per cent and 71 per cent) and girls (59 per cent and 48 per cent). There are also still considerable disparities among different regions. In primary education the increase in space and supervisory capacity has not kept up with that of the school-age population. A ratio of one teacher for every 71 students adversely affects the quality of the teaching. Only 0.8 per cent of the children have the benefit of pre-school facilities. The lack of information and training among both parents and social workers about the psychomotor development of small children continues to challenge the integrated approach to the development of the young child.

21. **Key achievements and constraints.** The purpose of the country programme for 2001-2005 is to improve the living conditions of children and women by working for the recognition and implementation of their rights. The programme's objectives, as spelled out in the programme recommendation, are to help to: reduce the infant mortality rate from 103 to 82 per 1,000 live births, the infant and child mortality rate from 194 to 145 per 1,000 live births and the maternal mortality rate from 827 to 662 per 100,000 live births; give 80,000 children, adolescents and women access to high-quality basic education; and promote implementation of and compliance with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

22. The cross-sectoral dimension of the programme is growing. The HIV/AIDS committees, the projected accelerated child survival and development strategy, and the integrated approach to the development of the young child in Chad are all operational and have already adopted plans of action for 2003-2004 which are in the initial stages of implementation. Those with whom partnership has been broadened and intensified include the Children's Parliament, traditional chiefs, associations, national NGOs, the public and private media (through cooperation agreements) and United Nations agencies. The combined HIV/AIDS operations in the Kélo area and the projected accelerated child survival and development strategy with the support of the World Health Organization are examples of this. In the field of child survival the DPT3 coverage rate has greatly improved in the programme areas, particularly

where the accelerated strategy for child survival and development is being implemented. In Béré the percentage of women obtaining prenatal consultation has risen from 21 per cent in 2001 to 54 per cent in 2003. The prevalence of iodine deficiency disorders in children aged 6-12 is now no more than 5.3 per cent, as compared to 63 per cent in 1993. About 77 per cent of the households nationwide consume iodized salt, as compared with 85 per cent in the programme areas. During the first three years of the cooperation cycle, 36 per cent of the total population targeted by the sectoral operational plan for water had access to drinking water. Primary school enrolment showed a clear improvement of indicators in the programme areas, the gross enrolment ratio for girls increasing from 50 per cent in 1998-1999 (81 per cent for boys) to 77 per cent in 2001-2002 (108 per cent for boys). The protection component, previously relatively unknown, benefited from the research carried out during the first three years of the cooperation cycle. The programme currently has a working basis for special child protection, which emphasizes legal and socio-economic protection. In 2002 the programme initiated a decentralized planning process in the 10 programme areas. As of now, each of these areas has a team capable of carrying out the planning process with the communities. In partnership with the United Nations Development Programme and with the support of the UNICEF office in Benin, a *DevInfo* database has been created at the Institute for Statistics, Economic and Demographic Studies to monitor the national poverty reduction strategy and the Millennium Development Goals. As for the integrated monitoring and evaluation plan, a comprehensive assessment of its achievements reveals a distinct improvement between 2001 and 2003. The quality of the inquiry, study and evaluation reports has improved thanks to a better definition of the terms of reference and a better management of consultants.

23. On the political scene, the first three years of the programme of cooperation's implementation saw the second competitive Presidential and legislative elections to be held in the history of Chad. Border instabilities also accompanied the first half of the cooperation programme cycle, first in the Central African Republic, then in Darfour (Sudan). In December 2003, it was estimated that 50,000 refugees from Sudan were living in the eastern region. Their number is growing constantly.

24. In the economic field, in October 2003 the first barrels of crude were exported under the petroleum project. Chad has undertaken to allocate 80 per cent of its oil revenues to priority areas, such as health and education. In June 2003 it adopted a national poverty reduction strategy, with the support of various development partners.

25. **Resources utilized.** Financing was effectively mobilized through robust advocacy with the donor community. Thus, of the US$ 13.9 million estimated to be needed for the next five years, $7.5 million were mobilized for the first three years of the cooperation cycle. Other resources went to the health and nutrition programme, the basic education programme and, to a lesser extent, the water and sanitation programme. The advocacy and communication, decentralization and monitoring programmes had no other resources allocated to them. The programme received $8 million in regular resources, including the global funds for girls' vaccination and school enrolment. The rate of utilization of funds averaged 98 per cent for regular resources and 85 per cent for other resources.

26. **Assessment of programme strategies and lessons learned.** Delays in the flow of resources between the central and decentralized levels, and the slowness in justifying financial advances to the Government, which has been a recurrent feature of the three-year cooperation cycle, have meant that the implementation of some activities has been delayed. High management turnover due to the continual reshuffling of ministerial posts (at the rate of three to four governments per year) has resulted in capacity-building having to constantly restart. The fact that some parts of the country are completely cut off during the rainy season, the poor state of the roads, as well as communication difficulties slow down the work.

27. The main window of opportunity will be the oil revenues and the Government's pledge to allocate 80 per cent of its earnings to priority areas, including health and education. The State should take an increasingly active part in funding the programme, particularly by defraying the running costs of the cross-sectoral technical teams hitherto supported by the programme. The partnership developed with traditional chiefs, associations, national NGOs and the media will also give the programme a chance to more easily reach targeted women, children and communities. Actions coordinated with other cooperation agencies to backstop sectoral strategies, as well as with the United Nations system, through the United Nations Development Assistance Framework (UNDAF) and through joint programming, also provide an opportunity for achieving better results.

28. Lessons learned from this review: (a) it is essential to limit the geographic programme areas in order to enhance the effectiveness of what is done and to meet emergency needs in the eastern region. Insofar as actions initiated over the last three years need to be consolidated, the programme will have to be more sharply focused and have a higher visibility; (b) the community planning and monitoring approach initiated by the programme can succeed provided the State is ready to assume effective responsibility for the support structures and the cross-sectoral technical teams; (c) innovative approaches (accelerated child survival and development strategy, the strategy for reaching every district, accelerated school enrolment for girls, local development planning) have demonstrated their worth by improving the situation of children and also their potential in rallying partners to popularize these approaches and extend them to other parts of the country.

29. **Agreed recommendations.** The last two years of the cooperation cycle will see the programme move towards: (a) more visible results in keeping with the priorities laid down in the medium-term strategic plan; (b) stronger programming based on human rights and results-based management; (c) being constantly mindful of the emergency factor.

30. It is proposed that the programme be reorganized into five components (child survival, child development, child protection, advocating and promoting social rights and policies, planning and monitoring) while building capacities in anticipation of the 2006-2010 programme. In view of the dangers children face and their vulnerability, under the new structure child protection will become a fully independent programme. HIV/AIDS, hitherto submerged in the support project for national programmes under the health and nutrition programme, will become a project in the child survival programme, with special emphasis on parent-child transmission and a fresh look at prevention among young people. The water and sanitation programme will become a project under the child development programme and is obviously closely interrelated with the development of the young

child and the education of the girl-child. Its activities will target the in-school population in synergy with these two components, not forgetting child survival. Girls' education has been confirmed as the gateway to all the programmes in those areas where it impinges upon them. Over the next two years the cross-sectoral mechanism will be reinforced. Programme outreach will be separated from advocacy and social mobilization and become a cross-cutting element in overall country programme support. The current "decentralization and monitoring of vulnerable groups" programme will be renamed "social policies, planning and monitoring", which better reflects its content. The country programme will be concentrated in the 10 programme areas and 5 programme towns. However, the education project for nomadic communities and activities to control iodine deficiency disorders will take in areas other than the above in order to reach targeted groups. An area office will be set up in Abéché, in the eastern part of the country, to better respond to emergencies.

Burkina Faso

31. **Midterm review preparation process**. The midterm review of the Burkina Faso-UNICEF cooperation programme for the 2001-2005 period was held in January 2004 in Ouagadougou. Various methods were employed for the collection of information used in the review: documentary review; comparison of data on progress recorded in the area of convergence with data from the country as a whole; mapping of the intervention areas; the conduct of specific studies; evaluation of cross-cutting strategies (gender equality, rights and participation of children); and analysis of the links between the programme and programme documents, including the poverty reduction strategy document, the medium-term strategic plan, the UNDAF and the Millennium Development Goals.

32. Presided over by the Minister of the Economy and Development, along with several other ministers, the review mobilized more than 250 participants from the central and decentralized public administration, agencies of the United Nations system and of bilateral and multilateral cooperation, local communities, civil society, non-governmental associations and organizations, religious and traditional authorities, the country UNICEF office, and the regional office.

33. **The situation of children and women**. The situation of children in Burkina Faso is still troubling. The gross national product of US$ 268 per inhabitant makes the country one of the poorest in the world. The under five mortality rate is 207 per 1,000 live births (2002); 27 per cent of children under five suffer from severe or moderate growth retardation. Malaria is the principal cause of child mortality (45 per cent of deaths). The country has seen an upsurge in cases of polio and meningitis. The prevalence of HIV among adults, estimated at 7 per cent in 1997, went from 6.5 per cent in 2001 to 4 per cent in 2003. More than 50 per cent of new infections occur in adolescents. Three quarters of infected persons are aged 15 to 40. Slightly more than one in three women is assisted at delivery by a qualified health professional. Maternal mortality remains high under these conditions.

34. The gross of school enrolment ratio remains among the lowest in the world (52 per cent, with great regional disparities), although the access of girls to school improved during the 2001-2003 period, from 37 per cent to 46 per cent. In 2003, 85 per cent of households had access to drinking water. More than 70 per cent of households in Burkina Faso still have no access to adequate latrines. Few schools

are equipped with water sources or separate latrines for girls and boys. Women and children in Burkina Faso are still victims of multiple injustices, sexual violence, trafficking, prostitution, and so on. Widows and orphans are victims of expropriation and despoliation. The efforts to achieve rights for children and women are hampered by an inadequate enforcement of national and international instruments, even when ratified by the Government, the persistence of sociocultural constraints, the inadequacy of resources allocated to the basic social sectors, and ever-increasing poverty.

35. **Key achievements and constraints**. The assessment of the progress and the principal results of the programme covers procedures, the provision of basic services, access to these services, coverage, and qualitative changes attributable to the programme or achieved in partnership. Thanks to the support of UNICEF, the geographic accessibility of health facilities has improved. Thus, in the programme's area of convergence, 65 per cent of the population is less than 10 kilometres from a health centre, a level that already exceeds the target of 55 per cent for 2005. Half of the population has access to quality care, including obstetrical emergency services; the target envisioned for 2005 is 65 per cent. The percentage of women assisted at delivery by a qualified medical professional rose from 24 per cent in 2000 to 30 per cent in 2002. Coverage of prenatal consultation services has grown from 24 per cent to 66 per cent, compared to a national average of 61 per cent. Support for health management committees has made it possible to train all the staff of these structures, and 80 per cent of them manage their finances effectively. UNICEF assistance for the expanded programme of immunization, along with the efforts of the Government and other partners has led to a net improvement in vaccination coverage at the national level. The coverage rate for DPT3 rose from 57 per cent in 2000 to 71 per cent in 2003. In 6 of 11 districts in the intervention area, DPT3 coverage has exceeded the 75 per cent level that had been the national target. Support for national immunization days has allowed for the expansion of antipolio vaccine and vitamin A coverage to more than 100 per cent during the past three years. Thanks to the support of UNICEF, 60 per cent of households in the intervention area use iodized salt. In two pilot districts for the prevention of mother-child HIV transmission, 22 per cent of pregnant women examined in prenatal consultation are agreeing to HIV screening only seven months after the launching of the intervention. More than 800 youth clubs supported by the programme are functional and run information and sensitization activities.

36. The education programme has led to an increase in the provision of basic education in the area of convergence. As a consequence, the enrolment rate rose from 43 per cent in 2001 to 48 per cent in 2003 in this area. Advocacy and social mobilization undertaken by UNICEF in collaboration with other partners, as well as incentive measures taken by the Government, have made possible improved access for girls to school, the rate of enrolment having increased by 44 per cent in 2002 and 2003. More than 3,110 students, of whom more than 1,289 were girls, have enrolled in satellite schools. Moreover, 2,032 children, 38 per cent of the number envisioned for 2005 (1,096 girls and 936 boys), have enrolled in 26 community facilities for the training of young children (Bisongo). Enrolment in informal basic education centres has increased from 1,500 to 2,051, of whom 872 were girls, which is 41 per cent of the enrolment envisaged for 2005. The Bisongos, satellite schools and centres have been officially recognized as viable solutions complementary to the basic education system.

37. The number of cases of dracunculiasis fell from 1,957 to 203 between 2000 and 2003. The water and sanitation programme has provided access to drinking water in virtually all satellite schools, informal basic education centres, and Bisongos.

38. The activities of the experimental project to combat trafficking in children have given this phenomenon more visibility. The struggle against this trafficking has been extended to other provinces. The ratification of the Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (Convention No. 182), the adoption by the National Assembly of a law concerning the definition and suppression of trafficking in children, and the elaboration of the protocol agreement between Burkina Faso and Mali constitute significant advances in the legislative area. The communication activities of the integrated communication plan have involved all the UNICEF priority areas.

39. The planning, monitoring and evaluation capabilities of many national personnel have been reinforced. The integrated monitoring and evaluation plan, and geographic information systems, including DevInfo, have been developed and are operational. An appropriate and effective response has been given to the needs of nationals of Burkina Faso repatriated from Côte d'Ivoire, the majority of whom are children and women. Satisfactory results have been recorded in the management and disbursement of cash advances made to the Government.

40. **Resources utilized**. During these three years, the programme received US$ 29.2 million, as compared to the US$ 22.9 million anticipated by the general plan of operations for the same period. The share of general resources is 40 per cent and that of other resources 60 per cent. The financing rate of the programmes, with the exception of water and sanitation, exceeds 100 per cent. The fund mobilization level is therefore satisfactory. This strong mobilization of resources is accounted for by funds allocated for immunization campaigns and contributions of donors, mainly Belgium, the United States of America, the Netherlands, Norway, Sweden, Switzerland, and the European Union. The rate of expenditure was 87 per cent in 2001, 74 per cent in 2002, and 83 per cent in 2003.

41. **Assessment of programme strategies and lessons learned**. Burkina Faso is a landlocked Sahelian country whose economy rests on monoculture of cotton, the country's principal source of foreign exchange (50 per cent of imports). Widespread illiteracy and the very low social status of women, especially in rural areas, hinder any real promotion of the rights of children and women, and make it difficult to change harmful behaviours. The crisis in Côte d'Ivoire has created additional needs outside of the country programme's area of convergence.

42. In 2003, Burkina Faso presented its second report to the Committee on the Rights of the Child. The recommendations were taken into account by the programme for the rest of the cycle. Collaboration with agencies of the United Nations system in the implementation of the UNDAF has created a favourable climate for harmonization. Burkina Faso is also eligible for several initiatives that have been beneficial to the programme, of which the most important are the Global Alliance for Vaccines and Immunization and the Global Fund to fight AIDS, Tuberculosis and Malaria. Burkina Faso is also one of 25 target countries of the UNICEF acceleration strategy to increase girls' school enrolment during the 2002-2005 period.

43. Studies of student performance in satellite schools, girls' education, gender inequality, curricula and the traditional care of young children are being used to correct shortcomings in access to education and improve education availability and effectiveness. Rehabilitation work in the satellite schools and the non-formal basic education centres has been guided by an assessment of socio-educational infrastructures. A research activity under an experimental project to combat trafficking in children led to the adoption and extension of the strategy employed by the project to other provinces. A forward-looking study on sexual violence against children has made it possible to address some aspects of this problem.

44. Lessons have been learned from studies and evaluations conducted by the programme in the course of its implementation during the 2001-2003 period. In the Fada district, the contribution of school and community gardening to a lasting improvement of the nutritional status of children and women has created a genuine strategic alliance around the school, with effective participation by women, especially the most deprived. This approach should be reinforced and extended across the country. The organization of joint supervisory missions with partners to project sites in the area of convergence, previously a weak link in implementation, has allowed for better execution of activities. The recommendations of these missions are increasingly being followed up and put into practice.

45. **Agreed recommendations**. The review made some recommendations, the most important of which are the following: (a) several project and sub-project goals must be reformulated or refined; (b) a greater financial contribution is required from the Government in the implementation of the cooperation programme; (c) it is necessary to reinforce intersectorality for the achievement of objectives, notably in the priority areas of girls' education, integrated young child development, and the struggle against HIV/AIDS; (d) the programme must continue its strategy of geographic convergence by reinforcing communication and advocacy at all levels; (e) the programme must also continue the strategies of acceleration of young girls' education and child survival and development, and pay great attention to the process of the Common Country Assessment and of the UNDAF, which will begin in 2004.

46. The review proposed a reinforcement of human resources at the level of the health section of the country office, in view of the many challenges arising from the acceleration strategy for child survival and development, immunization, planning, and the follow-up of activities in 13 health districts.

Major evaluations

47. In 2003, the 24 country offices in West and Central Africa conducted 70 studies, 61 evaluations and 35 surveys, at a total cost of US$ 2.6 million. This report pertains to the following three: (a) the study on sexual abuse and exploitation of children in the Gambia; (b) the evaluation of non-formal basic education in Chad; (c) the evaluation of the dracunculiasis eradication programme in Benin.

Sexual abuse and exploitation of children in the Gambia

48. Anecdotal accounts and the results of recent exploratory studies indicate that sexual abuse and the commercial exploitation of children are a new and harmful phenomenon in the Gambia. The Committee on the Rights of the Child has therefore recommended that the Gambia should conduct a study on the problem, with the following objectives: (a) to determine the nature and scope of these cruel and

inhuman practices and to draw up recommendations for combating them; (b) to use the empirical data of this study to put this issue on the national agenda and to impel the collective national conscience to act for the elimination of this evil in the Gambia.

49. The study targeted approximately 100 children and adult prostitutes, students, security personnel, community and religious leaders, members of civil society and of the Government, tourist officials and NGOs. It comprised qualitative and quantitative research, including discussion groups, observations by participants and interviews with key persons.

50. The study reveals that sexual exploitation of children certainly exists in the Gambia's tourist sector. Nearly 100,000 tourists visited the country in 2003, primarily in order to have sexual relations with children. However, the most common form of sexual abuse and exploitation is the "sugar daddy"; this involves the sexual abuse and exploitation of girls by Gambian men, in exchange for money and gifts.

51. According to the study, children fall prey to sexual abuse and exploitation as a result of poverty; poor enforcement of the law; lack of job training and employment opportunities; cultural attitudes which deter the victims from speaking out; the fact that these children are not registered; and the immorality of certain adults.

52. The report makes the following recommendations: (a) prevention through awareness-raising, information-sharing, the establishment of youth-friendly health services, and vocational and life skills training for young people; (b) legislative reform and effective enforcement of the law; (c) the recovery, rehabilitation and reintegration of victims of sexual abuse and exploitation; (d) improved coordination and the establishment of networks and partnerships; (e) the registration of births and obtaining of birth certificates for all children.

53. The Government of the Gambia has demonstrated its political will and respect for its international obligations by taking measures for prevention and for the protection of children against sexual abuse and exploitation. It has adopted a new law bringing together all provisions on children's rights scattered through Gambian legislation, in an attempt to bring the laws into line with the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the African Child and other international agreements. A national child policy has been drawn up; the next step will be to implement these laws. With the support of UNICEF and the newly formed alliance to protect children, the department of social welfare has taken the lead in raising public awareness of issues linked to the sexual exploitation and abuse of children.

Evaluation of non-formal basic education in Chad

54. The purpose of the non-formal basic education project is to offer a complement to formal education for children who are unenrolled or have dropped out of school, thereby enabling the Government to provide basic education to the largest possible number of children. Its objectives are: (a) to establish 25 non-formal basic education centres in 5 experimental zones covered by the UNICEF programme, beginning in October 1999; (b) to admit 2,000 children who are unenrolled or have dropped out of school, 50 per cent of whom should be girls. The costs of the project are being covered by UNICEF.

55. The evaluation was conducted in 2003 and was part of the more comprehensive evaluation of the African Girls' Education Initiative, of which it is one component. The purpose is to assess the project's impact, and the findings will make it possible to decide whether to continue, modify or cancel the project.

56. The evaluation was carried out by the following methods: a documentary review; a survey among the non-formal basic education structures; and interviews with the directors of the central and decentralized structures involved in the experiment, village communities, parents of students and instructors at the non-formal basic education centres.

57. The findings of the evaluation indicate that, from a quantitative perspective, the objectives have generally been attained: 22 of the 25 centres set up in October 1999 continue to operate; and 2,321 students, including 1,158 girls, almost half the total number, have been enrolled. The fact that students have enrolled at these centres proves that there is a demand for education that the regular school system is unable to meet. However, the evaluation revealed that, from a qualitative perspective, there are gaps between the original objectives and the actual manner in which the centres are being operated. The non-formal basic education centres are being attended by children whose ages do not fit within the requisite framework. In some villages, the centre has replaced the community school, which uses a formal curriculum. There is a high turnover of trained staff, and in some centres, the children are being taught by community schoolteachers. The teaching in the centres is still theoretical and book-based, and, as in the formal sector, is inspired and guided by the syllabuses and textbooks used in traditional primary schools. These deviations are attributable to inadequacies in the design and implementation of the project.

58. In conclusion, the evaluation stresses that, in their current form, the centres bring nothing new to the educational system; they simply perpetuate the formal educational system. The evaluation recommends that the non-formal basic education centres be converted into community schools. The lesson learned is that a project of this kind should have been tested on a smaller scale before being implemented in five zones.

External evaluation of the dracunculiasis eradication programme in Benin

59. Benin has drawn up and implemented a programme to eradicate dracunculiasis, with the technical and financial support of its partners, including UNICEF. As a result, the number of cases has dropped by 96 per cent, from 37,414 in 1990 to 172 in 2001. Although considerable progress has been made, dracunculiasis has not yet been eradicated. This evaluation is a follow-up to the recommendations made at the meeting of national programme coordinators (Ouagadougou, 2000) and at the meeting to review national programmes for the eradication of dracunculiasis (Niamey, 2000).

60. The objective of this external evaluation is to assess the impact of the programme before it reaches the certification stage. The evaluation covered 220 districts scattered throughout the areas of the epidemic where the disease has been successfully eradicated. The methodology consisted primarily in visits to the field to gather information from the different actors in the fight against dracunculiasis.

61. The evaluation reveals that all the districts were monitored almost monthly during 2000 and 2001. In most cases, epidemiological data is available and the records of districts and communities are accessible and well-kept. Follow-up is satisfactory. It appears that dracunculiasis is a fairly well-known infection in all parts of Benin. The population is able to give a fairly accurate description of the methods of transmission and prevention, and generally attempts to stop it from spreading.

62. Partnerships have played a major role in these achievements. In addition to UNICEF, several agencies are supporting the programme, in particular by covering the cost of staff salaries, the purchase of fuel, the participation of programme directors in international meetings, and the purchase of rolling stock. Village volunteers are actively involved in the implementation of the programme.

63. There are several remaining constraints. There is limited involvement of local NGOs and women's associations in the eradication programme. Although there is a relatively good drinking water coverage rate, a sizeable portion of the population still uses water from ponds, marshes and streams because the water point is very far away; the well water rises slowly, which causes long queues at the pump; and they do not like its taste. On the other hand, surface water is accessible and free, particularly during the rainy season. The reduction in funds allocated for the fight against dracunculiasis by all parties involved has led to a reduction in interventions and decreased surveillance and monitoring, in a situation where the achievements are precarious.

64. Taking into account the complex constraints and obstacles facing the eradication programme, the evaluation makes the following recommendations: to integrate the activities of the eradication programme more fully into other health programmes, in order to keep the village volunteers and community coordinators motivated; to coordinate the activities of the programme staff working at the border between Benin and Togo; and to continue the efforts to provide drinking water, especially to the villages which have none.

Conclusion

65. The excessively high number of activities which country offices are including in their integrated monitoring and evaluation plans (166 studies, surveys and evaluations conducted in 2003 and more than 200 planned for 2004) makes the evaluations less efficient and of lower quality. The country offices must substantially decrease the number of studies, surveys and evaluations they carry out. The workshop organized in May 2003 by the regional office for the persons in charge of monitoring and evaluation in the region and systematic monitoring of the performance of the country offices, using the system of indicators for quality control, are steps towards improvement of the quality of evaluations conducted in the region.